

# THE ALKALOIDAL CLINIC

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## A VALUABLE ENDORSEMENT FOR ALKALOMETRY.

**T**HE propaganda of the CLINIC, while of great help to and promptly endorsed by that part of the profession alive to the uncertainties of the old-fashioned remedies and not yet willing to be nihilists (or surgeons and "cut it out"), has been looked at askance by some as being "nonscientific" (?)—because the everyday doctor told what he did and how he did it—and "commercial" for obvious reasons—mainly because we "tote fair" and tell the truth—as we try to live it, not only therapeutically, but in business affairs. It is therefore with great satisfaction that we note the following from "high places" which was brought to our attention by "one of the family" by the following letter:

"The *Journal of the American Medical Association*, November 28th, contains a powerful argument in favor of the use of the alkaloids in the shape of a letter from Dr. Wm. J. Robinson of New York, under the title of "One of the Causes of Chaos in Posology" and, in case you may have overlooked it, I thought I would call your attention to

it. You will find it on page 1356 of the issue mentioned. I am using many of the alkaloids and always with increased satisfaction, both to my patients and to myself.

"I often wonder how I got along before you placed the "Arms of Precision" in the hands of the profession, for there is no comparison whatever in the results of treatment.

"I have recently succeeded in giving complete and absolute relief in a case of facial neuralgia, of a most severe and obstinate character, of eleven years' standing. The patient had been treated by all of our "best men" (?) absolutely without relief, and has suffered untold agonies. After two weeks' treatment he is entirely free from pain. Of course there may be a recurrence and I intend him to continue treatment for some time. He has gained eight pounds in weight during the week of freedom from pain and says that even if the pain should return he has had at least one week of Heaven.

"Some of these days when I have the time to spare I want to report a couple

of interesting cases in which the alkaloids stood my firm friends. You are doing a great work, Doctor, and have made a gallant fight against professional bigotry."

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#### ONE OF THE CAUSES OF THE CHAOS IN POSOLOGY.

NEW YORK, NOV. 21, 1903.

To the Editor:—In my communication, "Dose of Carbohc Acid and Dosage in General," which appeared in the *Journal*, November 21, I said that our so-called science of posology is in an uncertain, chaotic condition. There are many intrinsic reasons for this chaos and uncertainty, but I wish to call attention to one cause, which contributes toward that chaos, sows confusion in the physician's mind and not infrequently throws him off the track. Two or three days ago the question of dosage came up. A medical friend, a recent graduate, said that the dose of belladonna as given in the books is entirely too small. He has a child under treatment suffering with pertussis; he has been trying to put it under the influence of belladonna. He started with one-drop doses of the fluid extract, but as they had no effect, he began gradually to increase the dose, until now he is giving eight drops three or four times a day. "And even under these doses the physiologic effect is very slight. There is hardly any dilatation of the pupils, flushing of the face or dryness of the throat," etc. Though I am rather used to large doses, this statement surprised me. I am familiar enough with belladonna to know that eight drops of the fluid extract is a heroic dose for a child eight or nine years old. I suggested that the fluid extract must have been old and ineffective, or otherwise the child must possess a peculiar immunity toward belladonna. An examination at the drug store of the bottle of the fl. ext. belladonna showed a sediment at the bottom, and the appearance of the bottle indicated that it must have been on the druggist's shelves for a long time. An original bottle of the fluid extract of belladonna was obtained from a prominent manufacturer, and one drop of that produced a decided and unmistakable physiologic belladonna effect. I shudder to think what the result might have been if this physician, misled by his experience, had ordered for a child eight drops of an efficient fluid extract of belladonna several times a day. The above is, I am sure, not a solitary case. We very frequently deal with different galenical preparations of the same

drugs, one of which may be twenty times stronger than another.

The above incident teaches us two important lessons: 1. In prescribing galenicals we should make sure that they are comparatively fresh and come from high-class manufacturers. 2. In the cases of drugs which contain active principles fully representing the virtues of the drugs, those active principles are by far preferable to the crude drug or to its galenic preparations. Atropine is always atropine, but belladonna is not always belladonna, and the same may be said of dozens of other important drugs.

WILLIAM J. ROBINSON, M. D.

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We know to our sorrow the ultra conservatism of the *Journal*, circumstantial 'tis true, the more's the pity, but, mirroring as it does the thought of the specialist and the ultra conservative, it cannot be otherwise.

We believe, however, that this is a "pointer," an index of thought in the right direction and we sincerely trust that the great body of splendid men, the membership of the Association and the following of its incomparable journal will ultimately come *en masse*, as thousands like the able author quoted already do individually, to endorse the work of our adherents in their effort to strengthen therapeutic possibility through a better and more exact armamentarium and a greater precision in its use—to put the well-trained rifleman with his unerring rifle on the firing-line against disease and error in place of him who can but blunder by reason of his blunderbuss.

The world never saw a finer body of men than those referred to; we esteem it our greatest professional honor to be one of them, and when this power, *en masse* or even *en majorite*, sees because it wants to see the beauties and the magnitude of this alkaloidal possibility, then and not till then will thera-

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Exophthalmos: To the other remedies add iron if there is such a condition of anemia as would indicate it.

Exophthalmos: Picrotoxin has been recommended, and this or its cousins, pilocarpine or muscarine, should prove of value.

peutics receive the impulse which shall place it where it belongs, then and not till then will our ambition be satisfied and our great work be done—done because it will have passed into better hands backed by a power of thought and ability that cannot be stayed.

That this end or stage is approaching we have no doubt. Interest in therapeutics is rife; inquiry as to alkaloidal certainty and therapeutic possibility is coming as never before; State and county societies are discussing Alkalometry at every session, and if every alkaloidal doctor in every community should come out to-morrow morning wearing a red button, it would be the wonder "what had hit the town."

Before leaving the subject we cannot refrain from calling attention to the strong argument Dr. Robinson makes for Alkalometry. That when we use the more powerful remedies at all we use them in serious conditions is a fact; if then the preparation at our command is uncertain, or even liable to be uncertain in strength and result, where are we as therapeutists? What does medicine become but a matter of chance? And have we any right to take chances with life?

Ten minutes' thought—earnest, unprejudiced thought—will cause any practitioner to realize that if he would hope to heal and cure by means of drugs, he needs not only to know the indication for the administration of each but also must be assured that the drug given is active in the proper and accepted direction. As pointed out, this is simply impossible unless the active principle of the drug is used. There and there alone is the foundation-stone of Alkalometry; positive and active dosage of the active

principles of those drugs which have proved of therapeutic utility. That possible danger may be avoided "small doses oft repeated" becomes the next most important dosimetric maxim.

The physician who does not or will not endorse such a system, fails to do so because he has an erroneous idea of medication, the scope and possibility of what we call "Medicine." Alkalometry must win. It only remains for us to keep the thought of the profession stimulated, and the thinking doctor will do the rest.

Thanks, Dr. Robinson, ye "Critic and Guide." We have come to look to you for jabs with the javelin of truth, so let them come, bare and naked but always helpful, whether forcing recognition of error or, through endorsement, as in this instance, stimulating to greater endeavor.

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True love is given to man on two conditions—that he do good to his neighbor, and augment the power of love given to him.

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#### A MOST EXCELLENT HOMILY.

The esteemed editor of the *Medical Brief* preaches a sermon which we are anxious to have the great mass of the profession "read, mark, learn and inwardly digest." That the ultimate moral the writer of this excellent advice draws is weak and points merely to the desirability of the use of "pure medicines from reliable houses," does not detract from the value of the editorial. The *Brief* man, while often saying a good word for the alkaloids, is not yet a "simon-pure" active-principle man so, his argument, unfortunately, though proving conclusively the imperative necessity for the

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Exophthalmos: In the usual form with tense arteries, try pilocarpine to produce and sustain slight sweating.

Exophthalmos: For indeterminate forms with arterial tension near normal, give physostigmine gr. 1-250 every two hours.

use of active principles by the rational physician, stops short at recommending "reliable medicines." Well, if the active principles are not "reliable" then there is nothing meriting that name in the whole range of remedial agents.

With these preliminary remarks we reproduce the *Brief's* editorial in full, leaving its intrinsic plea for the alkaloids to make itself apparent:

"The great drawback to scientific accuracy in therapeutics is the lack of uniform strength in the medicines of the Pharmacopeia. If the doctor uses a remedy having a definite strength, he has a reliable basis of calculation for dosage, and knows precisely what effects to expect from its administration. If, now, he prescribes a preparation of varying strength, all his calculations are upset. The results are not satisfactory.

"To illustrate. Here is a man who gathers the fresh root of *stillingia sylvatica*, and makes a decoction for use in syphilitic affections. He gets such good results that he becomes enthusiastic, and reports his success to others. It is not convenient for them to gather the green root and prepare a decoction, so they prescribe the tincture instead, and get no results at all. Why? Because the green root contains the virtue of the plant, and the tincture was made from the dried root, which has no more therapeutic value than an old fence rail.

"Lack of uniform strength is unquestionably the great drawback to success in therapeutics. Most doctors know their materia medica, and the indications for drugs, but the absence of uniform strength in their preparation deprives the doctor of a scientific basis in prescribing. Hence the necessity of patronizing the products of such houses as do

make pure medicines of uniform strength."

And these must, if they are to be invariably of "uniform strength" be the alkaloids!

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Good acts which increase love among men, are only such when one feels the good increasing in himself, when he does them, lovingly, tenderly.

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#### "MERIT (WITH COMMON SENSE) THE ONLY TEST."

In a very excellent editorial the *Brief*, under the caption "Merit the Only Test," says:

"The homeopaths are very fond of tincture of aconite. It is unquestionably a very valuable remedy. There is no reason why the general profession should not know as much as the homeopaths about aconite if they are willing to make a study of it, and take pains to secure a preparation of definite strength.

"We have two principal preparations of aconite—the tincture and the active principle, aconitine. Both are good. Both have their indications. There are cases where the tincture gives better satisfaction, others wherein aconitine is the preferable drug. The same is true of the tincture of *nux vomica* and *strychnine*. Each drug has its particular indications, and if we attempt to use one in the place of the other, the results are not as good."

With the greater part of this statement we agree heartily, but why does the writer qualify the otherwise excellent sense of his remarks by saying that "the tincture and active principle (of aconite) are both good: both have their indications?" If the tincture is good at all, it is so because it contains the correct proportion of the active principle—aconitine.

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Exophthalmos: When the pulse is hard or full, give *veratrine* till normal tension has been secured, and sustain it.

Exophthalmos: All excitement especially sexual must be strictly forbidden, and stimulating food as well.



If it does not do that, then the tincture is worse than useless—it is a snare and a delusion. Then when is the indication for the use of the tincture in preference to the active principle (aconitine) present? If ever there is an indication for the use of aconite at all surely it is the active (effective) principle which is needed. Not a "possibly good" tincture! Anyway what could be the indication, clinically, that would induce the practitioner to use tincture of aconite in place of aconitine? If a case occur where it seems desirable to use a fluid in preference to a solid, then aconitine can easily be made into a solution and there one has a "definite-strength" solution. That, as we have so often pointed out, neither tincture or fluid extract can ever be. Either or both may be all right—either or both may be the reverse—when they leave the laboratory even, but exposure and time will affect them even so and, in the end, the doctor who gets the last ounce from the stock bottle, does not give the same dose of the active principle (which alone makes the preparation of value) when he orders "ten drops every hour" as was given by the practitioner who obtained and dispensed the first ounce.

Why is it that men of otherwise acute intelligence will still consider, even, the use of fluid preparations of drugs, the "active principles" of which have been isolated and can be easily and economically dispensed?

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#### A CORRECTION.

We are pleased to give space to the following and apologize for not having prevented our contributor from making the blunder referred to.

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Exophthalmos: More cases need arterial relaxants than tensors; and yet most writers speak only of the latter.

In an article on "Stomach Lavage Without the Tube," by N. R. Gordon, M. D., he writes in his third paragraph, "Modern science has taught what the Bible told us ages ago, "That cleanliness was next to Godliness," etc. This is the popular belief, viz., that the above quotation is to be found in the Bible. Such, however, is not the case. In a sermon by John Wesley, on dress, he says: "Cleanliness is indeed next to Godliness." Bacon expresses the same sentiment, but clothed in different words. He says, "Cleanliness of body was ever esteemed to proceed from a due reverence to God."

L. D. SHEETS, M. D.

Bloomfield, N. J.

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There are very many things that the Bible is given credit for that do not belong to it, and many things that it is criticised for unjustly just because we are prone to take our information second-handed.

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Just as suffering, without purpose, and unknown, seems incomprehensible, and has no meaning beyond the conditions of life which we see, so *the good* from our point of view useless and unknown, but which is the unquestionable good of our development, proves to us that our life is not bounded by visible conditions.

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#### WHERE SHALL THEY GO?

There comes a time with many doctors when they feel that the environments of a patient are a bar to quick recovery—convalescence is slow. Medicine needs help—the help of better air, change of water, diet, people and furniture. The depression of monotony is a bar to

Exophthalmos: Never mind your books, but treat the condition of arterial tension you find in each case.

health, even alkaloidal tonics do not tone. The physician has reached his conclusion; a change must be had; the disease is conquered but the victim is weak and listless. The family are worn out with nursing and their condition is very apparent to the invalid in spite of their efforts to be cheerful. Wage-earners, their wealth of love exceeding their money, hear with dismay that the dear one must go away. The bug-bear of expense looms up. If the doctor says California or the reverse, Palm Beach or Newport, at once he is met with the plain fact, "Doctor, it is impossible, we are poor people, comfortable when well, but this sickness in our home has been a serious matter financially." If only a place could be found where the expenditure would be reasonable, they would bend anew to the added burden. How satisfactory it would be if the doctor could say, "send your sick girl to Pine Bluff, N. C., or Eustis, Florida," or some such place where living is cheap, but the air, the water and the sand are just as good as at the expensive neighboring places. The temperature is just what she needs—she can get board for five or six dollars a week, and a month will set her up O. K. It means one more great big tug for the family, and they make it, to find that the good results are enhanced by pleasant surroundings, and the returned patient rosy with health gives credit to the doctor which in spite of his medical skill he would not have got if he had not known where to send his convalescent.

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The above query coming from the busy field so exactly voices our senti-

ments that we give it this prominence. Let those who have suggestions, give them in the fewest possible words, stating location, climate, special adaptation and price.

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Just as it is impossible in the current of an impure river to separate a little circle of pure water by some chemical process, so it is impossible to live alone, or in a society with some as saints, in a whole world which lives in violence for money.

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### SQUARE PEGS AND ROUND HOLES.

To many men the problem presented by life is the fitting of a square peg into a round hole. On his appreciation of this problem depends to a great extent an individual's success in life.

A scion of a wealthy city family found himself reduced to the by no means agreeable necessity of earning his living. The best position offering carried an income of twelve dollars a week. This was so much below his estimate of his value that the problem assumed to him the form of how he could do enough work to earn his wages and not a penny more. As to the latter clause, there seemed to be no question of his success; but as to whether he earned his wage there was a divergence between his views and those of his employers.

Some years passed, and other men were promoted over his head, as they gave evidences of fitness, but he remained at his original post, never having given a chance to his employers to raise him. He adhered stubbornly to his view until losing patience, they discharged him as useless and unimprovable.

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Eye: Atropine for iritis and all other intraocular inflammations; give locally enough to draw the iris out of danger.

Eye: Conjunctival inflammations are said to be benefited by the internal administration of euphrasin.

The subordinate positions in a business are easy to fill but there is never a supply of brains, of capacity, of industry, of knowledge, to satisfy the demand. No employer can afford to ignore the merits of an employee. The constant cry is: "Oh, for a man, who can lift this or that from my shoulders. One who can do as he is told, yet can meet an emergency as I would myself."

Nobody looks for perfection in a subordinate. Every man has his faults. The man we keep is the one who in spite of his faults fills the place better than anyone else who is attainable. But the man who will see his faults and tries really to correct them—he is a rare jewel indeed.

There are two ways in which the square peg may meet the round hole. If the peg slips in easily, just touching the corners, he may congratulate himself that there is so little trouble; but he does not fill the hole. There are spaces left which count against him; and soon he is evidently too small for his duties. The man who is worth only what he gets, is not worth that.

The other sort of man tries to fit himself into his place by squeezing it out at the corners. He bulges over; he fills every particle of his space and encroaches on the edges. It will not be long till people begin to notice the surplus material squeezed out, and to say that that man is better than his place. It must be a real comfort to a man who asks for more wages on the plea that he earns more, to know that his employer agrees with him.

To no class of men does the foregoing apply as it does to the doctor. The country is full of them—there is not a location worth occupying but what there

are at least two there, and likely four. Which of them gets the business? The one who does his work best, takes the most pains to be ready for every call that can possibly be made upon him, has the best medicines, the best equipment, the fastest horse, the telephone service, is the first to get to the place where he is needed, and does the best work when he is there. He knows the patient can only pay for one visit a day, but as it is a critical case he makes three. He recognizes the anemia as a case of hookworm, because he reads his journals and knows there is such a thing, and what will cure it. And there are a hundred things that may come his way for which he is prepared, while his competitors are playing solitaire, smoking pipes, reading novels, drinking bad whisky, or squandering precious time in other unprofitable ways. Our friend's therapeutics is up-to-date, because he reads widely, and tries new ideas and methods. He has the new apparatus, even if it costs money, for he knows it pays to put his savings into improved methods of doing his work, rather than into mortgages. He is all business; has no time to waste, not even for social talk with the patient's family. He leaves behind him the impression of a man who gives his time and thoughts to his work, and has none for idleness. People respect his time, because he respects it himself. Never too busy to do good work, the patient feels that he is in luck to have secured so much of that man's time, when so many others want it. And that last sentence means so much, in making the doctor a success, that we will just leave off there, that nothing may replace that last thought in our readers' minds. Which kind of a



Eye: Inflammation or atrophy of retina or nerve, and for the stage of effusion, give santolin enough to "see yellow."

Eye: Functional amaurosis is said to have been greatly benefited by the administration of the oil of rue.

square peg will you be in the big round hole of your opportunity?

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The fire not only brightens and heats the object which feeds it, but brightens and heats the surrounding objects, and it produces this effect only when it burns itself.

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### CULTIVATE YOUR BOUNCE.

Two men courted a girl. She refused both. One said adieu, and was heard of no more. The other set his wits to work? He concluded the girl was worth having, worth winning; and went at it in a business way. He made himself as agreeable as he could, reformed his ways and proposed again—to be again refused. Picked himself up and tried again. In fact, he kept on trying so persistently, that he won the girl, who, after refusing him a dozen or more times, gave up and married him.

Read the story of the Standard Oil Co., in McClure's. Mr. Rockefeller presents the most notable example of "bounce" the world has yet witnessed. He was most completely and absolutely beaten. He arrayed against himself the entire oil region with a unanimity that has rarely been equaled. Hundreds of men stood ready to shoot him on sight? He kept out of sight. He failed with his first scheme—he presented another, stronger than the first. It was beaten—he re-examined and strengthened his scheme, and considered wherein lay his adversaries' strength and how he could weaken the opposition and attract to himself the men who were his most dangerous opponents. Again and again he came up to the scratch, stronger than ever, with accessions to his ranks from his adversaries' best men; and he finally

won the most stupendous struggle of modern times—a conflict before which such wars as the Spanish-American become trifling.

What a very simple matter it was after all—the man would not stay licked, that's all.

The history of human progress could be comprised in a biography of "Bounce." Not a man arises to eminence, wins the leadership of his race, but is indebted for his success to his "bounce." Not a man wins great laurels, not a race assumes the hegemony but is characterized by its possession of the same quality. Dignify it by more courtly appellations, glorify it by lofty panegyric, that homely word expresses the quality we mean better and more tersely than any other.

Cultivate your "bounce." Recognize it as a prime necessity if you would win success in any avocation. It will make you unpopular with your competitors who dislike to be crowded. But would these men be at all pleased to have you succeed as you propose? Are you living for their satisfaction or your own good? Opposition is to be expected, and the greater the success the more embittered will be that resistance.

Of course there is a right and a wrong way of pressing one's business interests. The rules of professional ethics and the Golden Rule should be ever in one's mind, and their precepts acted upon. But all this may be done and yet one's own interests pressed with energy. There is plenty of room for one to act diligently in business and yet keep alive in his heart that love for his fellows that distinguishes the noble man from the human hog. A clear conscience is better than riches, but both are within the

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**Eye:** When the pupils are dilated from local or general disease give physostigmine enough to contract them.

**Eye:** Strychnine hypo for muscular asthenopia, amblyopia, amaurosis, nerve-atrophy, to increase visual field and strength.

reach of every man of average intelligence, if he utilizes the opportunities that come his way, and uses forethought, industry and perseverance. Let's all "bounce."

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There is no possibility of illuminating and correcting others, without first enlightening and correcting one's self.

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### EDUCATE YOUR GIRLS AND BOYS.

Mrs. Ellen Henrotin, one of Chicago's great mothers, in a recent address before the Woman's Club of the Chicago Commons, said in part:

American mothers are not sufficiently careful of their young daughters and their training. They take it for granted that their daughters know more than they really do. They have entire confidence in their girls and in the training they have given them and look to them to take care of themselves under any and all circumstances.

When our girls fall short of the standard which the world sets for them, it is because the women who would stand between them and the world expect too much of them and trust too much to resources which they have not.

#### FRENCH GIRLS LIVE SIMPLER.

In France the young girls live a simpler and more domestic life than in America. The mother is always by the girl's side. From her birth to her marriage the mother is a companion to her daughter. She always knows where the girl is and with whom she associates.

Here there is much more freedom and laxity. Girls are out late on the streets and attending performances and functions of which the mother knows little or nothing. There is not the close companionship between mother and daughter. But the mother, trusting implicitly

in the girl, never questions for an instant her ways or actions while out of her sight.

If the girl makes a mistake it is the mother's fault, as she expected something of that daughter which the latter had not learned and which only a mother's companionship can teach.

With this sentiment the CLINIC heartily agrees but begs to include the boys as well, hence our caption. No greater knowledge can one have than that of self, for in knowing self one knows others. The sentiments of the CLINIC are in the vanguard of this idea and we hope, at no distant day, to be part of a great movement that shall sweep away hypocritical objection and in the broad, pure light of knowledge teach the young what they ought to know, when they ought to know it, without truckling to a perverse sentiment that leaves them to glean it, in a corrupt form, from the gutter, the hedgerow and the curbstone.

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We all, according to our weaknesses, are removed more or less from the ideal, the truth as we know it, but it is ours to aspire ceaselessly toward it, to be ready to listen to its voice, at any moment, as the obstacles weaken.

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### THE "SECRET DRINK CURE" FRAUD.

One of the most pathetic letters that has come to our desk in a long while is one recently received from a lady—a doctor's wife—appealing for our advice and assistance in a case of periodical drunkenness. The letter is reproduced, in part, in the "Query" columns. The writer—herself a physician and daughter of a successful practitioner—stated that

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Eye: Ergotin for disturbed accommodation, inflammations, blepharitis, and pustular conjunctivitis; full doses.

Eye: Pilocarpine for alcohol or tobacco amblyopia, detached retina, acute or chronic iritis, keratitis, or muscae volitantes.



her husband (also a doctor) is a periodical drunkard. During his "spells" he is "helplessly drunk;" between times he proves an excellent companion and does not drink a drop. The desire for stimulants comes on, however, without warning and once the appetite is gratified at all, a bout of intoxication inevitably follows. The unfortunate wife pitifully and seriously asks for "some remedy which may be placed in the coffee" of her husband so that he will be deprived of the taste for liquor and cured, practically "without knowing how."

That we read this pathetic letter with moist eyes is not wonderful; that we wondered at the fact of a physician believing such a thing could exist as "a remedy to be placed in the coffee of an alcoholic to cure him without his knowledge," is also not surprising. But the main feeling was one of disgust and indignation at the bare-faced imposition of those inexpressible quacks whose lying advertisements in the daily papers make such a belief possible! If an educated and cultured woman could be so impressed with these announcements as to forget to reason out the absurdity of the claim, is it to be wondered at if the laity swallow the bait and give up their good dollars for some powdered ginger and cinchona bark?

The heart-broken mother, wife or daughter, seeing her loved one sink deeper day by day into the alcoholic abyss, would be the last person in the world to "see through" the infamous falsity of the "ad" of some secret "Specific" which is guaranteed to "cure any drunkard in from a week to a month" and "entirely without his knowledge;" the only things necessary to the

cure being payment for the stuff (always a good, stiff price and in advance) and the placing of the same in the patient's coffee or tea! This being done, there follows—so the advertisements state—"an absolute disgust for liquor of all kinds" and, as a result, the victim of intemperance is saved despite himself—through the medium of a wife's or mother's love and the wonderful "Specific."

The "lost manhood" shark is despicable enough but he preys on men—men who are at any rate paying the price of their own folly—but these wretches fatten on women's faith and love and gather gold while spreading disappointment and despair. Of all the cowardly, indecent and heartless swindles this trafficking in human frailty is far and away the most abominable.

No one knows better than do these advertising rascals that alcoholism can never be cured by any drug or drugs "administered secretly in coffee." They know, as every thinking doctor knows, that alcoholism is a disease not easy to treat, that it calls for not only the best efforts of the physician but the earnest and intelligent coöperation of the habitue himself. That alcoholism, morphinism and similar addictions can be and are being cured daily is unquestioned, but in each and every instance there is a careful studying out of the individual case—a willingness to be cured on the patient's part and a varying system of medication to fit; that being the most successful which provides for (1), a rapid reduction of the amount of poison taken; (2), a thorough eliminative process; (3), a nerve and general systemic tonic



Eye: Pilocarpine for hemorrhage into vitreous or retina, glaucoma, choroid atrophy, to absorb exudations.

Eye: Styes and other inflammations are aborted by anemonin, given gr. 1-134 every half-hour till effect.

and (4), an attempt to tone up and stimulate the organs to perform their natural functions.

In all these cases there is one period of horror which can be shortened and made less horrible by skilful work, but it is to some extent inevitable. This is the period of total deprivation. True, by rendering the victim unconscious with some potent hypnotic the torment can be stayed, but even so there comes the recovery from that stage, and it, to say the least, is not comfortable.

From a large experience with these cases we know that to cure a drug addiction is no easy matter; that it calls for not only all the skill of an educated practitioner but all his patience and strength of character also. Even then the patient, resting as he is in good hands, must "pay the piper"—must suffer more or less before he can call himself "clean."

The lying, ignorant charlatan may advertise "sure," "painless" and "secret" cures, but these, as we have said, exist only in his evil mind. Still, as long as such promises are made, so long victims will be found, and the only remedy is for us physicians as a body to post ourselves on these subjects and so by successfully treating addictions make it unnecessary for the friends of those afflicted with some drug or liquor curse to apply to the fakir.

Stir yourself, brother! Fit yourself to treat intelligently these unfortunates (for they can be cured) and so help to make such a gross and indecent swindle a profitless venture. And in the meantime, if you have among your patients those who drink, or friends of those who drink, or have some drug habit, take a moment or two and impress upon them

the falsity of these advertisements and warn them not to be fleeced.

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He who does not conceive life as the development of himself, is guided by that which aids the welfare of mankind.

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### EAR GRAFTING A SUCCESS.

Verily the possibilities of modern surgery are great. Note:

New York, December 3.—The Western mine owner, who procured, through the medium of \$5,000, a new ear, which was grafted upon his head, after being cut by degrees from another man's head, has returned from the private hospital in Philadelphia, where the operation was conducted by a New York surgeon. Circulation has been established in the foreign flesh, and apparently the operation was a success.

There is some swelling about the place where the stitches were taken, and a few small gatherings of pus, but the surgeon says this is no menace to the ear, and will soon disappear under treatment. The man who sold his ear has returned to his home near Pittsburg, where he has a wife and child.

So says the press. Verily the man who sold his ear is a business fellow, for note the "Star:"

Ironwood, Mich., December 3.—The grafting of an ear to the head of the Western millionaire in a Philadelphia hospital has had a unique sequel. Though the man who sold his aural appendage to the millionaire for \$5,000 made the sacrifice willingly, now that the ear is gone, he misses it, and is seeking for another ear to replace the one he sold.

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Eye: All ocular inflammations and sepses are made worse by toxic matter absorbed from the alimentary canal.

Eye: Never atropine or any mydriatic in case of glaucoma or increase of intraocular tension from any cause.

That is the story which has developed from a visit to Dr. C. V. Stebbins of this city, of a Hungarian miner from Hurley, Wis., who has received a letter from the East, offering him \$1,000 for an ear to replace the one that was taken from its owner in the hospital. The Hun's name is kept secret by the doctor, who says that the call made upon him was professional, the Hungarian wanting to know if the operation would be safe.

The doctor thinks that the caller will undergo the operation, as he was advised that the process was not dangerous. Incidentally, the man who sold his ear to the mining man will have made \$4,000 by his two weeks in the hospital, and will still have two ears. The Hungarian was applied to because he was one of those who responded to the original New York offer of \$5,000.

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Whether one draw a figure in black on white, or in white on black, the outline is the same.

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#### MICROBES VS. WHISKERS—SENSE VS. NONSENSE.

The milk commission of the New York County Medical Society has come to the conclusion that "men with whiskers should not be employed to milk cows." It is not consideration for the cow which has brought the milk commission to this conclusion, the reason given being that "whiskers harbor microbes, and that microbes so harbored are frequently shaken into the milk." How discouraging when we reflect upon the pages written on the subject: "How to Keep the Boys on the Farm." Must they wait until their whiskers grow before they have any prospect of being relieved of the pleasant task of "milking" and

even then have their hopes dashed by the sight of shaving implements purchased by unfeeling parents?

The New York commission is unreasonable. The contention that women with hair should not be allowed to make butter might find many supporters who have made unpleasant discoveries upon a close inspection of this product of the dairy; but men with whiskers have been milking cows for many years and it seems hard even to suggest that they shall sacrifice their hirsute adornments or abjure the milking stool forever.

"Whiskers harbor microbes!" What of the hair with which the cow is covered? Ye gods and little fishes! Will this fussy milk commission next suggest that the cows be shaved?

Seriously, this microbe business is being overdone. Nearly everything that can be mentioned harbors microbes, and if we are to make the attempt to banish the microbe entirely from our lives, we shall always be apprehensive and miserable—and we shall fail. The best way is to live temperately and righteously, giving due attention to common-sense, hygienic rules, and no more than reasonable care as to what our "whiskers" may or may not harbor. The New York Milk Commissioners, as well as many others, appear to the CLINIC to be "nutty" on the microbe theory—to be neglecting to exercise their own good horse-sense.

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The American people are said to be the most nervous on earth; they are also the shallow breathers; that is, the dwellers in cities and towns from whom the "nervous crop" is gleaned, are. Breathe deep!

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Eye: The influence of calcium sulphide on threatened or established ocular suppurations is supreme as it is elsewhere.

Eye: Styes may be certainly aborted by rubbing on red precipitate ointment; keeping it out of the eye.

# LEADING ARTICLES

## CALCIUM IODIZED (CALCIDIN) IN CROUP.

By R. J. Smith, M. D.



**T**HERE is no intention on the part of the writer to enter into detail on the pathology of croup nor to bring up for discussion the still mooted question of the similarity or dissimilarity of true membranous croup and laryngeal diphtheria. It is the consensus of opinion that all cases of membranous laryngitis are diphtheritic, and yet it may be possible to have a non-specific, non-communicable pseudo-membranous laryngitis, so-called true croup.

What is generally known as croup, spasmodic croup, occurs suddenly, most often at night, associated with some, it may be slight irritation of the larynx, a catarrhal laryngitis, causing brazen cough, and some hoarseness of voice. The spasmodic element is what gives this affection its terrors. It is rarely fatal.

Laryngismus stridulus, pure spasm of the glottis, without cough, without laryngeal irritation, occurs suddenly, and

passes off as suddenly without any after symptoms. Being purely nervous, generally reflex, the source of irritation should be sought for and relieved, when there is an end to the glottic spasms.

In the treatment of croup, the one drug that has been uniformly successful, always active and quickly so, is calcium iodized. That it will prove curative in true croup is a certainty, since in this non-communicable disease, there is the condition of acute laryngeal irritation preceding the formation of membrane, a condition that is absolutely relieved by calcium iodized, thus jugulating the disease. But the patient does not give you an opportunity to prove the contention by a postmortem.

In spasmodic croup there is present a catarrhal laryngitis. Relieve this, and there is an end to the nightly attack. During the spasm, while giving the calcium iodized, gr.  $\frac{1}{8}$  every ten minutes in a small quantity of hot water, a few whiffs of chloroform will assist in quick relief. When relieved, continue the calcium throughout the day, giving it at increased intervals. It may be necessary to give an emetic before relief is obtained, and for this purpose a hypo-

dermic of apomorphine muriate, gr. 1-20, is a safe and quick means of emptying an overloaded stomach, at the same time removing any retained mucus in the bronchi or larynx. The apomorphine has also the effect of enhancing the effect of the calcium iodized, by increasing the secretion in the inflamed membrane.

In the spasmodic affection known as laryngismus stridulus, there being no irritation of the larynx, an anodyne is all that is generally required. A few whiffs of chloroform, running the finger down the throat, cold water dashed in the face, or a mild emetic will quickly relieve the spasm. The source of irritation may be an overloaded stomach, swollen gums, rickets, phimosis, etc., and should be relieved. Attention to hygiene, diet, etc., is a necessity in all these affections.

How does calcium iodized act? It certainly relieves in all conditions characterized by dryness of mucous membrane from inflammation, and as this is the first stage in laryngitis, it may be that it acts as a resolvent of inflammation, assisting the membrane to recover its normal tone, setting up normal secretion.

Why worry over the "how," as long as it does relieve?

In diphtheritic laryngitis, in conjunction with calcium sulphide, as a systemic antiseptic, I believe it will prove beneficial, resolving the inflammatory action by the alterative effect of the contained iodine.

White Sulphur Springs, Montana.

—:o:—

This paper is particularly seasonable and we are glad to have it. The doctor's experience with calcium iodized (which, by the way, for special identification and to avoid error, we will learn to call "Calcidin") has been extensive, making him fully competent to speak, and this he does with a certainty that evidences the stability of his position.

Calcidin is being used successfully to promote the absorption of fibroid exudates of varied character, uterine, glandular, etc., and its action has proven to be much better when given along with good doses of nuclein. A favorite prescription of the writer's for enlarged cervical glands, etc., is Calcidin gr. 5, and Nuclein Solution 2 to 4 drops, using from 4 to 12 capsules daily until resultant is well started, then continuing in decreasing dosage, ending up with a tonic course of the Triple Arsenates.—Ed.

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### CONCERNING URIC ACID SOLVENTS: CALCALITH, A NEW AND IMPORTANT DISCOVERY.

By W. C. Abbott, M. D.



WE know essentially nothing positive in regard to the primary cause of the uric-acid diathesis. There is no question that certain nervous factors are concerned in the production of the manifold manifestations of this disorder, and that the dis-

ease is hereditary in character. It is therefore probably futile to attempt to *remove the cause* of this trouble by medicines for the reason that it is presumably not remediable in one generation. The chief point of attack must be the perversion of the uric-acid chemism.

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Eye: Foreign bodies may be easily removed from the cornea after instilling a little Eucaine solution, 4 per cent.

Eye: Look out for syphilitic keratitis when the time comes for the appearance of that affection, and be ready.



This is the most characteristic feature of the diathesis. This perversion consists first in an accumulation in the blood and tissue-fluids of an abnormal quantity of uric acid or its salts and, second, in a tendency on the part of this excessive uric acid to form insoluble and irritating concretions in certain places of predilection—the joints, the tendon sheaths, the muscle-fasciæ, the external ear, the kidneys and occasionally the bone marrow.

It is clear that any attempt to remove the consequences of this uric-acid accumulation must be directed (1) towards removing the excessive uric acid from the blood and tissues, (2) towards preventing the deposits of crystalline urates, and (3) towards attempting to re-dissolve these concretions after they have once formed. This brings us to the fundamental therapeutic question that has agitated physicians for over a century, namely, "What can we do to dissolve uric acid after it has been deposited and what can we do to hold it in solution so that it will not be deposited or redeposited?"

There are a great many so-called "uric-acid solvents" the leading ones being alkalies, the salts of lithium, colchicum, lysidin and uricedin. Now, as a matter of fact all that we know about these different bodies is that they possess the power of dissolving uric acid in a test tube, that is, outside of the body, and it is exceedingly questionable whether they possess the same power when circulating in the blood and tissue fluids. It seems hardly possible that they should be able to perform this function, for, when we administer a few grains by mouth, very little of these different bodies ever reaches the uric acid de-

posits. One might as well expect to reduce obesity by administering small quantities of alcohol on the ground that alcohol is capable of dissolving fat outside of the body, or to dissolve the lime salts in osteophytes or in calcareous tubercles by the administration of mineral acids on the ground that these will dissolve lime salts in a test-tube.

There is finally another fallacy about all this (and this applies particularly to the administration of small quantities of lithium salts), the *lithium carbonate never enters the blood as a carbonate but as a chloride*, for as soon as it reaches the stomach the hydrochloric acid liberates the carbonic acid and forms lithium chloride and the latter is not a good uric-acid solvent at all.

At the same time we must not forget that lithium carbonate given by mouth is a very efficient diuretic even though it is excreted as lithium chloride. In this sense then it is a valuable adjuvant to our treatment of the uric-acid diathesis and may be given with advantage.

There is still another fallacy about all this, viz., that the uric acid in the blood combines only to a very slight degree with the lithium; the bulk of it is bound to remain in solution in combination with other stronger bases like sodium and potassium that are always present in the blood. That all this is true can be demonstrated by a very simple experiment: If we give a small quantity of lithium carbonate by the mouth it appears almost quantitatively in the urine within a short time, not, however, in the form of lithium urate but as lithium chloride. We see, then, that the ordinary treatment of the uric-acid diathesis by so-called uric-acid solvents is based on a number of fallacies and inconsistencies.



Eye: The knowledge that there is such an affection as glaucoma has saved many an eye that would have been lost without it.

Eye: Do not take any chances with a gonorrheal ophthalmia, but put the patient in the hands of the best oculist in reach.

The question is, what can we do? And the answer is given in the following arguments: We must first determine what factors are operative to keep the uric acid in solution and we must then attempt to enforce these factors. This point has been made the subject of an exhaustive investigation by Dr. A. C. Croftan of Chicago and I cannot do better than quote *in extenso* from the Doctor's article, which appeared in a recent issue of the *Journal of the American Medical Association*. Dr. Croftan in this paper explains how the sodium salts of phosphoric acid are concerned in keeping the uric acid in solution; how one series of these salts (the basic salts) dissolve the uric acid with the greatest facility, whereas another series (the acid salts) have a tendency to precipitate it. He puts it as follows:

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"Phosphoric acid forms three salts with sodium as follows:

$H_3PO_4$ , phosphoric acid;

$NaH_2PO_4$ , mono-sodium-phosphate;

$Na_2HPO_4$ , di-sodium-phosphate;

$Na_3PO_4$ , tri-sodium-phosphate.

"The mono- and the di-sodium phosphate normally occur in the urine. Uric acid is readily soluble in di-sodium phosphate, but it is not soluble in mono-sodium phosphate. The addition, in fact, of mono-sodium phosphate to a solution of uric acid in di-sodium phosphate will cause the precipitation of the uric acid.

"It is clear therefore, that the solubility of uric acid in the urine is enhanced by the presence of di-sodium phosphate and that the tendency to the formation of uric-acid concretions increases in proportion to the amount of

mono-sodium phosphate that is excreted through the kidneys.

"It is also clear that any endeavor directed toward preventing the precipitation of uric acid in the urinary passages must be concerned with increasing the amount of di-sodium phosphate and decreasing the amount of mono-sodium phosphate.

"The ideal would be to cause the complete disappearance from the urine of mono-phosphate and at the same time to produce the elimination through the kidneys of a quantity of di-phosphate sufficiently large to hold all the uric acid excreted in solution.

"The regulation of the phosphoric-acid content of the blood can be achieved by the administration of calcium salts. For, in the first place, calcium forms insoluble salts with the alkaline phosphates contained in our normal food, and in this way prevents the absorption of this moiety into the blood. In the second place, calcium, owing to the great affinity it possesses for phosphoric acid, combines with the phosphoric acid encountered in the blood-stream, and this proportion is subsequently eliminated in the form of calcium phosphate—not, however, through the kidneys, but in great part through the intestine. This is an important point, for in contradistinction to sodium, potassium and magnesium, all elements that are chiefly eliminated through the kidneys, 85 to 95 per cent of calcium is eliminated through the bowel.

"It will be seen, therefore, that calcium given by mouth can, first, prevent the entrance of preformed phosphoric acid (phosphates) from the food into the blood, and can, secondly, prevent the phosphoric acid formed in the organism

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Eye: Many a dollar may be kept by the doctor who posts himself on ocular maladies in reach of the general practitioner.

Eye: A case of amaurosis was given up at Wills', and the patient secured good vision for years by applying cold water.

from passing into the urine by causing its elimination through the intestine."

\* \* \*

One might ask if the salts of sodium, or potassium, which are also capable of forming basic phosphates in the blood, might not answer the purpose just as well as calcium? But, as Dr. Croftan clearly brings out in his article, there are certain objections to the use of the sodium salts. In the first place, the sodium phosphate, in contradistinction to the calcium phosphate, is excreted through the kidneys and not through the bowels so that only very little would be gained by the administration of these sodium salts, unless so much were given that the gastric function would be seriously injured and the other effects produced that we know to follow the continued excessive alkalization of the blood and the urine. The urine is normally slightly acid, and it should be kept so, and calcium salts given even in considerable doses never render the urine alkaline. The Doctor summarizes these objections in the following words:

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"Whereas, therefore, the administration of large doses of sodium salts for long periods of time may be indicated on theoretical grounds, it is contraindicated on empirical grounds. First, because it renders the urine alkaline and thus favors the deposit of concretions other than uric-acid stones; second, because it exercises a deleterious effect on gastric digestion; third, because it is not without effect on the corpuscular elements of the blood; fourth, because it is superfluous, as calcium salts, by decreasing the phosphoric acid of the urine, thereby

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Eye: For amaurosis apply cold water to the ball, not the lid, several times a day, lav- ing the ball therewith.

cause a relative increase of the sodium (and of the sodium di-phosphate) with- out at the same time rendering the urine alkaline."

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Dr. Croftan advises the administration of the carbonate of calcium to be given in 10 to 15 grain doses two or three times a day, together with a full glass of water. The results obtained from this practice in various manifestations of the uric-acid diathesis, gout, goutiness, rheumatism and particularly in gravel and nephrolithiasis are very gratifying. The results that Dr. Croftan publishes in his preliminary note are as follows:

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"I report four cases; they present no clinical features of sufficient intrinsic in- terest to merit chronicling in detail. The only noticeable fact is that all four were advised by me several years ago to use calcium salts continuously; that all four were lost sight of for periods varying from two and a half to four years, and that all four recently again come under observation for other causes without having suffered a recurrence of their attacks of renal colic during the whole intervening time. Several other cases I have lost track of, but hope to redis- cover.

"Von Noorden, who first advocated the use of calcium salts in nephrolithiasis, reports only two recurrences of renal colic among twenty-one cases; in one patient an attack occurred a few days after beginning the treatment; in another patient who had suffered from severe at- tacks every few weeks, an attack de- veloped nine months after the treatment was begun, and not again thereafter.

Foot: For the swelling of the feet of old age, arsenic is useful; strychnine arsenate as much as the tension admits.

"The good results obtained in my four cases and the statistics of Von Noorden lead me to believe that the treatment of uratic nephrolithiasis by the continuous exhibition of calcium salts is efficacious and deserving of extended trial."

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It appears, therefore, that we have here at last a true physiological uric-acid solvent, and that, to judge from the reports of careful, conservative and at the same time scientific clinicians, the administration of calcium salts is of great value in the treatment of this class of disorders.

I have supplemented Croftan's investigations with a sufficient experience to justify me, as above, in standing for his findings. I would even go further than he goes in my claims for the ef-

ficiency of this experiment, but in so doing have added certain synergists and prepared a c. p. calcium carbonate which added to lithium and colchicine in "Calcalith" (Abbott) makes a remedy the value of which is untold. *It is a true uric-acid solvent, stimulating every excreting organ and is applicable to every manifestation of the uric-acid diathesis.* A very great percentage of, if not all cases of gout, rheumatism, uric-acid headache, gravel, lithemia, phosphaturia, urinary hyperacidity, etc., will yield promptly to proper dieting and "Calcalith" with the addition of Saline Laxative or Salithia to flush the alimentary canal, intestinal antiseptics to prevent putrefactive changes of food residues and strychnine arsenate, or the "Triple Arsenates" to take up the slack.

Chicago, Ill.

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## FACTS AND PRINCIPLES UNDERLYING RATIONAL THERAPEUSIS.

By A. C. Croftan, M.D.

### THIRD PAPER AND CONCLUSION.

**I**N the two preceding articles I have shown what the intrinsic and extrinsic factors may be that can produce perversions of function, how they produce these perversions and what in a general way the means are that the organism employs to correct them. It remains to be seen how we can aid the organism in this struggle.

The ideal would be to remove the cause in every case for the recuperative powers of the organism are such that a disease-producing cause, unless exercised for too long a time or too violently and

unless producing destructive lesions, can be spontaneously corrected. In a very limited number of diseases this course is practicable. I refer, for instance, to the use of quinine in malaria and, in a remote sense, the use of antitoxins in a variety of infectious diseases. Unfortunately, in the majority of diseases, the cause is only imperfectly understood, so that here we are utterly at sea if we attempt to strike at the cause direct. Even, however, if we were able to do this, certain perversions of function would remain to be corrected after the cause was removed. It devolves upon

Foot: For fetid sweating atropine has been advised, but try cloth shoes that allow free ventilation, even in winter.

Foot: A teaspoonful of sulphur in each stocking has been advised for fetid sweating, and for rheumatism also.

us, therefore, in most cases to correct the perversions of function that are the secondary results of a variety of factors that we cannot directly influence.

Before discussing the means at our disposal for actively influencing and correcting perverted function, one other equally important but passive measure must be mentioned, and that is rest. I can best illustrate my meaning by an example: If we know for instance that the function of the stomach is depressed, then it is altogether rational to put the stomach at rest, either by starving the patient for a short period of time, or by feeding him only articles of diet that do not tax the digestive function. In this way, we give Nature a chance to recuperate. This principle applies with great force to the treatment of a variety of diseases involving the nervous system, the cardiovascular apparatus, the kidneys and the bowels. I venture to say that much of the success of the homeopathic treatment of many diseases is due to the unconscious application of this principle; for the advocates of this sect unconsciously encourage the rest of diseased organs by giving remedies in such dilutions that they can impossibly influence the functions they are intended to correct.

In addition to this passive therapy we can proceed actively, both by medicinal and by non-medicinal measures. Of the latter I will not speak in this place because this would lead me too far. I merely state that the effect of exercise, bathing, electricity, diet, etc., upon function is colossal, and that the judicious regulation of all these elements constitutes one of the most valuable adjuvants to our therapeutic armamentarium. I go still

further and say that I would a thousand times prefer to see all of these factors carefully regulated and no medicine given at all, than to have a lot of medicine given while these factors are at the same time neglected.

The most important, and at the same time the most abused and least understood of the weapons we possess for combating disease, are drugs. Until a few years ago the administration of medicines was based upon the crudest empiricism. The preparations employed were not of uniform composition, the indications for the employment of the different remedies were vague and indefinite, and the doors were thrown wide open to subjective misinterpretation. Let us give credit to whom credit is due, and let us acknowledge that it was the homeopathic school of practice that first attempted to call a halt, that first attempted to bring order out of chaos and that substituted a single dose of a more or less pure remedy for a mixture of impure drugs. Let us also acknowledge that the "fathers of homeopathy" so-called, revived an old postulate with words as follows: "Before attempting to administer a drug to a sick body, it is necessary to know the effect of this drug upon the healthy body." Basing on this principle, the homeopaths undertook what they called their provings, and in a certain measure aided us in obtaining a knowledge of the physiological action of drugs, that is, the effect of drugs upon the healthy human body. Unfortunately, their methods were crude, and as their ranks were largely recruited, particularly later on, from fanatics and bigots who were not true experimentators, the bulk of the so-called homeopathic provings



Feet: Aching like that caused by a tight boot is a forerunner of senile gangrene; give arsenic iodide gr. 1-67 four times a day.

Feet: One of the commonest mistakes is calling flatfoot rheumatism. The former is easy to diagnose if recollected.



are altogether unreliable. The successors of Hahnemann did not merely give drugs and then observe and record what they observed, but they expected certain effects and usually got them, for the simple reason that they were not big enough nor courageous enough to eliminate the personal equation.

A more reliable basis for our drug therapeutics are the results obtained from experimental pharmacology in animals. Here the great source of error and the one that is not sufficiently appreciated even to-day, is the following: One must never forget that there are great differences in the reaction of different species of animals, including man, to drugs, and that a remedy that may exercise a certain effect upon a dog may act differently upon a goose, and still differently upon a human being. In the second place, one must always bear in mind that in all of these cases the drug effect upon a healthy creature is studied and recorded and that we are giving drugs to creatures who are sick, moreover that a function may be influenced in one direction by a drug in health, but need not necessarily be influenced in the same direction when already perverted by disease.

The third and the most important basis for the use of drugs was the isolation of active principles and the substitution of these bodies in experimental and clinical work for the utterly unreliable mixtures that were formerly employed. We owe so much to the discovery of these active principles that it seems worth while to record that the first active principles isolated, was morphine from opium in 1816, by Sertürner; then quinine from cinchona bark in 1820, by

Pelletier; then aconitine from aconitum in 1821, by Brandes; strychnine from *nux vomica* in 1818, by Pelletier; atropine from belladonna in 1823, by Brandes. Later, a larger number of active principles were isolated and studied by other investigators.

Another step in advance was the analytic study of the chemical constitution of many of these bodies, and later the synthetic manufacture of certain active principles.

With the latter discovery, complete uniformity was accomplished, and therapeutists were now enabled to begin the study of another very important factor in drug therapeutics, namely, the dose. It is clear that as long as we did not know the exact amount of active principle contained in a pharmaceutical preparation, nor understood what other ingredients might at the same time be present in the mixture, capable of exercising a synergistic or an antagonistic action, no accuracy of dose was possible.

This matter of dose is a peculiar thing for there is no such thing in Nature as grain, or ounce, gram or liter. These terms and the quantities they designate are arbitrarily chosen and of man's creation. The conceptions of size and weight that accompany them are taken from the realm of physiological and mechanical laws and stand in no relation whatever to the plus or minus effect of the drug on the human body. It would be a grateful task for some compiler to establish a scale of toxicity of all drugs as compared to the body weight of the individual. The degree of this scale would give a coefficient that multiplied with the quantity of the drug,



Feet: For flatfoot use a wedge in the shoe that will sustain the falling instep, and please don't give antirheumatics.

Feet: How many affections of the foot are there? We will not spoil this by answering, but you will be amazed when you find out.

would yield definite information in regard to the effect of a certain dose on the body. The element of idiosyncrasy would, of course, constitute an uncertain X in this equation.

For the present we can only say that the regulation of the dose must be a matter of individual study—that drugs should be given in small doses often repeated until the desired effect is produced. In other words, the right dose is "enough."

With active principles of known composition, or at least of known effect upon the healthy body; with a large number of clinical observations upon the effect of these same active principles upon the diseased body; with small enough doses at our disposal to enable us to regulate the quantity of the drug to a fraction, it seems, indeed, that we have at last reached the point where we may be able to know precisely what to expect from the administration of drugs in disease.

As stated previously, disease, after all, in its ultimate consequences, is due either to abnormal increase, decrease or arrest of function. If we know, for instance, that there is an excessive outpouring of hydrochloric-acid in the stomach, and if we know, on the other hand, what drug can inhibit the secretion of this acid in the stomach, then we have a definite means at our disposal to accomplish a definite end; or if we know that the secretion of urine is suppressed and know at the same time which part of the diuretic function is decreased, then we can aim directly at this trouble, provided we have a remedy that we know to be capable of stimulating the decreased function; and, finally, if a function is

completely arrested and if this arrest is not due to destructive lesions, then, again, we must use those remedies that we know can stimulate this function and restore the diseased organ to its normal tone.

If we go still further and attempt to determine the primary factors through which function is regulated, we will find that we can often simultaneously influence several functions that are disordered in the same sense, at the same time. I refer to the vasomotor system and the nervous impulses that govern vasomotor phenomena. The secretion of a gland, for instance, or the activity of a muscle, is usually directly dependent upon the blood supply to the part and this again upon the nervous impulses conveyed to the part.

It would lead me too far were I to enter into the interesting relations existing between the rise and fall of vasomotor tone and increase or decrease of function. It is sufficient to know that we have among our drugs many remedies that can influence the vasomotors in different portions of the body. These drugs, it is clear, must be given until the desired vasomotor effect and the resultant stimulation or depression of function is obtained, and the indication for the dose here is the obtaining of the desired effect. The use of vasomotor stimulants and depressants, if thoughtfully and carefully carried out, I consider one of our most valuable therapeutic means, and precisely in this field it is of paramount importance that we should have at our disposal, pure drugs, single drugs and drugs in small doses.

Chicago, Ill.



Feet: The possibilities of corns are wonderful. One under the big toenail resisted many treatments for "gout."

Feet: A month's service as assistant to a really first-class chiropodist would open the eyes of the best doctor.

## ALKALOIDAL THERAPY.

Read before the Holt County Medical Society, Craig, Mo., April 7th, 1903.

By C. L. Evans, M. D.



T is an axiom that "a good thing can never grow old;" old enough, that is, I suppose, to cease to be good through age. This applies to my subject, "Alkaloidal Therapy," for, far from deteriorating with time and test, it, now no longer in its swaddling clothes, becomes better and more alluring as one knows it more intimately.

"Alkaloidal Therapy" means, to those who know it well, the quintessence of perfection in the exhibition of remedies; the most absolute certainty of the effect obtainable from such exhibition, and yields, to those who use it with a positive knowledge of pathologic condition, the most remarkable curative results.

These may be, and indeed are, bold statements, statements which undoubtedly appear to the practitioner who still opposes to the certainties of disease the uncertainties of the old-time therapy, exaggerated or even absurd. But, gentlemen, each word I have used has been scrupulously weighed and is supported by actual experience, and my one object in presenting this paper is not to induce you (or those of you that have not already done so) to apply that test yourselves, knowing that the adoption of the system by yourselves must follow.

In the very beginning "Alkaloidal Therapy" had for its parent dissatisfaction. A busy and thoughtful doctor, fought, day by day, his hereditary enemy, with weapons which time and again proved "base metal," unreliable and ineffective. That which cut true to-day failed dismally to-morrow, and the most

trusted weapon proved worthless in the most dire emergency. Then followed a period of casting away, of elimination. Gradually the doctor reduced his armamentarium to a few weapons (drugs) the composition and principles of which he thoroughly understood. And then, suddenly came light. Those weapons which proved true, were so, because he knew them—knew just what they could and would do, and when they would do it. The others, those which had failed him, and the patients he would have protected so often, he had never understood.

They were complex; they were many-sided. Though they bore the same name and appearance, they varied continuously in strength and usefulness. He gave opium which contains no less than 14 alkaloids; perchance the morphine salt was present in proper proportion and his patient, quieted and eased from pain, slept. He gave it again; morphine was lacking but the convulsive principles were there in full strength, and his patient trembled, tossed and tumbled into a delirium. He procured more and doubled the dose; in this specimen of the drug there was an excess of morphine and the patient died.

The doctor knew why he had been worsted in the battle with death sorely and so often; so being a wise man he hunted until he found and had properly labelled the active principles of the drugs he used. Some of these, present together, often in widely varying proportions, he found diametrically opposite to each other in effect. Was it to be



Feet: The sole of the foot was designed for a barefoot; and the epithelium reproduces itself accordingly.

Feet: Scrape the sole of the feet once a week to remove the epithelium that would be worn off if barefeet were in style.

wondered at, that in administering them to get one result, another totally undesired developed?

What else could happen? What else does happen every day from the use of crude drugs, fluid extracts and tinctures? The answer is within your own hearts. But since that dissatisfied doctor isolated and studied the effects of active principles, others have taken up the work until to-day there is scarce a useful drug, the active principle of which is not isolated and thoroughly understood.

Each principle, gentlemen, accomplishes one or more definite things if given under certain circumstances and in certain well-known quantities. Stripped of inert and often injurious extraneous matter we have these alkaloids ready for administration in minute but intensely active doses.

We would control fever. From a case easily carried in our pocket we take a vial of aconitine or veratrine granules. Of aconitine, just gr. 1-134 is in each granule; we dispense 5, 10 or 20, as may be needed, instructing the patient to take one granule every 15 minutes to one half-hour till the fever lessens or is gone. The amount we are giving is definite; we are positive of what we are giving and equally positive that it will, when taken, do what we want done. Then too the patient does not mind swallowing an inoffensive little granule, even if it is given every thirty minutes or oftener, and he is sure to keep it up because he feels, after a few doses, that he is getting better.

Let me give you two or three illustrations—Jaborandi contains two alkaloids—pilocarpine, that increases the secretion of sweat, saliva and milk, and

jaborine that decreases them. The extract of jaborandi may be strictly U. S. P. but whether it will make a patient with pleurisy sweat or will increase or diminish a mother's milk, depends on the accidental preponderance of the active principle.

Ergot contains a powerful constrictor of the arterial and uterine muscles and also a convulsant principle, but whether it will check hemorrhage or cause spasms depends on the relative proportion of these principles.

Hyoscyamus contains two alkaloids, hyoscyamine and hyoscyne. The former in large dose renders the person taking it wakeful, the latter is one of the most powerful somnifacients known; so while hyoscyamus ranks as a feeble and uncertain sedative, its two alkaloids are among the most powerful and certain remedies in existence.

These, gentlemen, are simple illustrations of "Alkaloidal Therapy." You can carry every necessary drug in your pocket ready for instant exhibition. The dosage is accurate, the amount of medicine needed for any period easily computed and the instructions simply consist of "one, two or more granules as ordered." The granules are soluble and can be used hypodermically or when preferred may be given in solution, colored and sweetened or not as preferred.

There is, as far as the medicament is concerned, no uncertainty, no "maybes" or "perhaphses." Given a definite condition to combat, the right remedy given properly must obtain certain well-defined results. The only thing that can prevent success is the doctor himself, or failure to give "dose enough."



Feet: Experiments in the British army showed that the best shoe for soldiers was no shoe at all. Let the boy go barefoot.

Feet: Often a tendon springs loose; and then the doctor gives sodium salicylate and loses faith in drugs.

"Alkaloidal Therapy" calls for exactitude. As the medicines are, so must the man who gives them be. He too must be divested of all "waste matter." He must know disease, not by name but by sight and through its symptoms, and he must know the certain physiologic remedy for a certain pathologic condition. He has the remedy ready to hand; if his senses are trained to recognize the malady he has but to exhibit the one to defeat the other.

Therefore, gentlemen, I say again that my opening statements are simple facts and it behooves every physician who would be a physician in fact as in name,

to perfect his knowledge of what must ultimately be the one method of medication. As one author has said, "Conservatism will cling to old-established methods; experience will still prefer tools to which the hands have been accustomed; but the alkaloids must supplant the cruder forms of medicaments as surely as progress rules the course of the human race."

Oregon, Missouri.


—:o:—

Thank you, Doctor, your words ring true and we are glad to have them. Let us have more.—ED.

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#### NASAL CATARRH: ITS MODERN TREATMENT AND CURE.

By G. H. Candler, M. D.

 HIS disease, the opprobrium of the general practitioner, presents itself as a rule in the form of a true rhinitis. Acute rhinitis—coryza—is in itself, nine times out of ten, the *fons et origo* of the "catarrhs" which defy the remedies of the average doctor. Not one person out of ten takes any serious notice of a "cold in the head"—in fact, even if a doctor is consulted, he himself does but little for the case. When one "cold" follows another the condition which later becomes such an unmitigated nuisance to doctor and patient alike has entered into possession and another "chronic catarrh" has begun.

The initial "acute catarrh" may—as is generally known—follow the slightest exposure to cold or wet, at one time, while the same individual may, at another period, come unscathed through an infinitely worse ordeal. There are

times when every person is open to the attack of this malady. Investigation will show that, as a general thing, there is, then, a superfluity of uric acid and bile in the system. This is borne out, too, by the fact that the rheumatically inclined, as well as the tuberculous, are easily affected. Beyond this comment, in passing, I will not attempt to describe or in any way to deal with acute catarrh of the nose. The subject has been exhausted and its pathology, etiology and therapeutics are too well understood to need further attention. One thing, however, might bear saying: Don't "feed a cold," neither need you starve it, *in toto*. The idea that this is the right treatment probably arises from the experience of those who have, in "starving a cold," necessarily deprived the patient of fluids. This most certainly is important: The most severe oncoming coryza will yield in nine cases out of ten to hourly

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**Feet:** A corn on the sole of the foot will resist every remedy for rheumatism, even the x-ray and static spark.

**Feet:** The eyes and the fingers of the rare doctor who knows the anatomy of the foot reveals wonders.



doses of calcium iodized (Calcidin) and twenty-four hours' deprivation of water.

At the same time, it is good practice to not only empty the *prima via* thoroughly but to stimulate hepatic action. It will be found that there is more or less liver torpidity in all these cases. In fact, were the hepatic functions normal, there would be much less probability of the disorder occurring. But enough of the "acute" stage of the subject. This article is intended to deal with the "chronic" forms of nasal catarrhs not in text-book style but in a brief, practical way which will not only, it is hoped, help for the nonce, but "stick."

Leaving to the works on this disease the defining of the various varieties and stages of "nasal catarrh" let it be allowed that to the general practitioner there are but three forms of the malady which, in varying degrees of severity, demand attention. How often the latter is attained the reader knows from experience.

The forms of rhinitis recognized for all practical purposes are Simple, Hypertrophic, and Atrophic or "Dry Catarrh" (*Rhinitis Sicca*). In the first or "simple" form the application of cocaine reveals some shrinkage of tissue, the lower turbinals being easily pressed back with a probe. In the "hypertrophic" form they are rigid and this is quite frequently a cause of nasal obstruction. It is here that the "Nasal Specialist" finds his chief field. The saw and burr are called for to remove all or parts of the obstructing mass. Not infrequently spurs and rhinoliths complicate the condition. In this form it will often be found that the turbinates actually touch the septum and the mirror, used posteriorly, will show the lower turbinals

almost as large as and not unlike a mulberry in appearance.

In the "atrophic" form, on the contrary, the turbinals are more or less absorbed, inspissated mucus adheres to the walls in crusts and the patient complains of a dry feeling in the nose which seldom or never is relieved—unless he contracts a fresh coryza.

In the hypertrophic condition there is often considerable pain in the forehead and eyes and more or less mental dullness sometimes accompanies the disease. The so-called "fibrinous" rhinitis and the purulent catarrh (ozena) of children need only to be mentioned here, as practically the same remedies and methods will be used in their treatment.

With the exception of the hypertrophic form—which if it does not call for the surgeon's instruments will at least demand the free use of astringents—the whole range of nasal catarrhs require a very similar handling. First and foremost, it is essential to give the patient a thorough internal cleansing with Salithia. The next thing is to see that there is no further retention of toxins (against which the sulphocarbolate antitoxins are efficient), that the nutrition of the body is properly carried on, and then the attendant will, if he be wise, administer mucous-membrane alteratives and tonics together with that invaluable general systemic "toner" the "Triple Arsenates" (of iron, quinine and strychnine). Locally the treatment is simple enough, though often wrongly administered. In half the cases the posterior portions of the nares really never get treatment and the patient, improperly instructed, fails to get the remedies given him to do the proper work.

That the first step in treating all nasal

Feet: The doctor disdains the chiroprapist's art, and prefers the loftier plane of specialist in rectal and venereal.

Feet: When a foot designed to bear up a weight of 125 lbs. has to sustain 250 lbs., the result is pain.

catarrhal states should be the cleansing of the parts with a mild alkaline solution is certain. The question is, the best solution to use? Save in the hypertrophic variety, there can be nothing better than the true Seiler's formula. A convenient tablet is obtainable that dissolves readily and, when added to the proper quantity of previously boiled water, makes a reliable "Seiler's Solution." The addition to each eight ounces of this solution of half an ounce of glycerin gives better results from an esthetic point of view. A "coloring tablet" may be added with advantage. Glycothymoline is also an excellent alkaline and antiseptic cleanser.

In addition to this cleansing wash it is absolutely necessary that some oily remedial agent should be applied to the entire surface of the affected membrane. This is often accomplished by the use of an atomizer but when applied by the patient (and unless applied by a nebulizer), there are objections to this. The nozzle of the atomizer is more often foul than clean; the irritable membrane is further irritated by the force with which the remedy is ejected and should the reservoir be nearly empty—as often happens—air is blown against the abraded surfaces with sufficient force to carry the germs contained in it well into the tissues. This may seem a small matter but, as a matter of fact, the failure to cure where these means are used is generally due to just this one thing. To some extent the same applies to the use of an atomizer for applying the aqueous solution. The atomizer fluid strikes, as often as not, on one spot, in a strong jet, and, chilled in the passage, does more harm than good. Force and irritants are always harmful in catarrhal conditions of mucous membrane.

The best way to apply the remedies is as follows: The solution should be a little above body heat. Enough of it should be used—at least two ounces to each nostril—and the application must be as often as three times daily. Any form of nasal douche which allows the fluid to flow freely into and through the passages will be acceptable. The well-known glass douche placed on the market by Kress and Owen is one of the best of them. The patient must be told to first see to the perfect cleanliness of the "nozzle." None of the solution should be left in the douche reservoir between treatments. A good plan is to keep the latter in some antiseptic solution between applications. Then the douche should be placed in hot water; enough of the solution should be warmed and the patient should, after cleansing the nose with a handkerchief, allow the fluid to flow through each nostril, holding it there, without breathing or breathing through the mouth, as long as is possible. The head must be thrown back exactly in the median line; any deviation is apt to lead to ear involvement.

This being done, the nose should again be gently blown. On no account should any violence be displayed in this. The idea is to remove the crusts and debris loosened and washed off by the douching. The affected membrane is now free to receive the remedial agent. Practice will prove that one of the best of the many formulas offered in ointment form is the one called simply "Catarrh Ointment, A. A. Co." This remedy is by no means a secret as will be shown by a glance at the formula: Thymol, bismuth subnitrate, oil eucalyptol, campho-menthol and petrolatum. The purity of ingredients, the perfect com-



Foot: There is not to-day a specialty offering so good or clear a field as the foot if scientifically treated.

Foot: Inquire for works on affections of the foot, and see whether the market is crowded. Best consult a chiropodist.

pounding and evenness of admixture are the only points which make the Abbott product better than that of the local druggist.

The ointment should be applied each time the nasal passages are cleansed. The head being still held backward (or the patient lying down), a quantity of the ointment should be freely and thoroughly applied to the turbinates by means of a cotton-wrapped probe or toothpick, made fresh each treatment. In this way the remedy is deposited well throughout the anterior nares and by closing the nostril and waiting for a moment to let the ointment melt and then "sniffing" well through that nostril while the other one is closed, the medicament is carried through the entire length of the passage covering the diseased membrane throughout. On no account should the handkerchief be used for fifteen minutes or half an hour thereafter. It is well, also, to avoid any great change of temperature—such as leaving a hot room for the open air for some length of time. If the patient can manage to keep the recumbent position for half an hour it will help a good deal. A treatment well carried out the last thing at night is worth more than two during the day.

If, as is often the case, examination of the urine shows the patient to be suffering from some manifestation of the uric-acid diathesis (presumably then the cause of the catarrh), in addition to the above, Calcalith—the uric-acid solvent, should be prescribed at once, for on this will rest in a great measure the success and permanency of the treatment.

The usually effective dose is one tablet four times a day with half a glass of water. The tablet should be crushed in the mouth before swallowing. The adminis-

tration, twice a week, of a mild cathartic and hepatic, will help much. One-sixth of a grain each of podophyllin and calomel every half-hour for four doses at night followed the first thing next morning by a spoonful of Salithia in a glass of water, will do this work to perfection. One hour after meals, five grains of the triple sulphocarbolates ("Intestinal Antiseptic," W-A) should be exhibited; this insures that a fairly clear bowel is kept clean. To the catarrh victim, this means everything.

Here, in a few words, is described a successful treatment of nasal catarrh that can be carried out in general practice. True, it is simple, but simple things are often the best; and in this particular case the doctor who will rest content therewith and try the method will be rewarded by accomplishing that difficult thing—curing nasal catarrh.

But, as green apples will again produce colic, so will the same exposure and the same diet indiscretions again produce "catarrh," calling for a repetition of treatment. Because the great mass of people will eat and do as they please is why it pays to be a doctor.

Promptly relieved and cured, as outlined, the treatment of catarrh, for which a reputation is easily attained, will be a lucrative addition to your office practice.

Chicago, Illinois.

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I most heartily endorse the simple, practical and effective principles laid down by Dr. Candler. I know them to be right. Catarrhs of all kinds and in all localities are the result of irritation from within or without or both. We should therefore strive first to remove the cause and then to soothe and aid nature to dispose of the result.—Ed.



Foot: The medical college that institutes a demonstratorship on the foot should make a first-class hit.

Foot: I never found anything for chilblains equal to ointment of carbolic acid gr. xxx to the ounce of lard.

## PHARMACODYNAMICS. THE COLLATERAL ACTION OF MEDICAMENTS.

By Dr. Robert Tissot.

Translated from the French by Dr. Epstein.



RHEUMATIC takes sodium salicylate, and his rheumatism gets better but his stomach becomes painful. There arises a disrelish of food, with nausea and vomiting. At times too there is buzzing in the ears, and partial deafness ensues either transiently or permanently.

The principal action of the salicylate, that which is sought for, the therapeutic action, is that which displays its effects against the rheumatism. The collateral actions of the salicylate are those which it exercises on the stomach and the ears. These actions are called by some collateral, and that is illogical. A second action presupposes a primary one, but in the case before us the collateral action is as much entitled to be called primary as is the therapeutic one sought for. Littré (the author of the great standard French dictionary) defines the adjective "collateral," as "that which accompanies, that which marches alongside."

It is this word which seemed to me the most proper one by which to designate the effects with which I desire to occupy myself in a series of articles. My intention is to investigate the collateral effects of the principal medicaments, and then notice the means by which to ward them off.

### I. MORPHINE.

A powerful hypnotic, morphine, gets its name from Morpheus the God of Sleep. Sleep, sedation, this is its action indeed. This action it displays over the cells, over the nerve-centers, and its effects are proportionate to the elevation

of the function of the cell. Hence the nobler a nerve cell, the more is it influenced by the medicament.

This law explains the mode of the action of this alkaloid. The psychosensitive cells of the cerebral cortex are affected first. Then follow in turn the respiratory centers; after that come the corpora quadrigemina (the middle brain), and lastly the medulla oblongata and the spinal cord.

This action is transmitted by an excitation of the nerve cells, an excitation which is followed by a depression more or less intense.

The above two laws explain the action of morphine upon the human organism; for instance: The action on the psychosensitive centers is the first attack, because they are the most elevated; and so there are psychic excitement, dreams, hallucinations, of short duration and followed by depression—that is, hypnosis takes place until a part at least of the medicament has become eliminated. Next comes the action on the respiratory centers: The respirations become accelerated during the period of depression, and may become so profound as to assume the alarming character of Cheyne-Stokes respiration. This leads us clearly to the collateral actions of morphine, which I am about to enumerate, after making one express proviso, to wit: That these actions are always produced when the drug is given in the usual classic dose and not when given in dosimetric doses.

In a dose of five to ten milligrams



Foot: The German army avoids blisters by using a powder of salicylic acid and talc in the stockings.

Feet: Tender feet are kept in good condition by douching with cold water twice a day with brisk rubbing.

(gr. 1-14 to gr. 1-7) or above, morphine frequently provokes vomiting. This symptom, never pleasant, may become especially grave when it becomes necessary to avoid motion in the gastrointestinal tract, as is the case in peritonitis, appendicitis, gastric ulcer, or after operations made in the same tract. This action is according to some owing to apomorphine, and according to others it is owing to the morphine itself. Let us look at it:

This emetic action takes place no matter how the morphine is introduced, hypodermically or by the stomach. And there is nothing to be wondered at in this, because when morphine is introduced under the skin it very soon makes its appearance on the surface of the gastrointestinal mucous membrane. Supposing now that apomorphine is to be blamed for the vomiting, then one of two things must have happened: either the morphine was not pure and had an admixture of apomorphine, or apomorphine was formed inside the body, in virtue of the equation: morphine  $C_{10}H_{17}NO_3$  = apomorphine  $C_{17}H_{17}NO_2$  + Water  $H_2O$ .

This reaction may take place in a solution of morphine under the influence of microorganisms, which develop promptly in it, or under the influence of caloric or luminous waves. This is a proved fact, but the question is, what is the quantity of the apomorphine thus formed? It is variable and is not known exactly. What is known is that the emetic action of apomorphine takes place after a dose of not less than five milligrams (gr. 1-14) is taken at one time. The usual classic dose of morphine is one centigram (gr. 1-6).

If then we assume that apomorphine

was preformed we would have to admit that a moiety at least of the morphine was changed into apomorphine, which is inadmissible. And if we retain as a fact that morphine in solution decomposes itself, then it is impractical to keep it so, and such a practice should be rejected.

Apomorphine may be formed inside the organism. This is possible but not probable, for then the emetic action ought to be more frequent than it is.

It seems therefore better to trace the cause of consecutive vomiting to the morphine itself, and in this there is nothing forced. Locally, morphine does indeed, irritate the mucosa and the distance between this irritation and vomiting is quickly leaped over; and let me add that the greater the mass of morphine the greater is the gastric irritation. At the classic dose the gastric mucosa has to bear the irritating influence of ten milligrams (gr. 10-67) at once, while at the dosimetric dose it has to bear the irritating influence of only one milligram (gr. 1-67); and so the irritating local action is ten times less. It will be said that the action is ten times repeated. This is true, but the gastric mucosa will surely accommodate itself easier to ten small shocks with some intervals between them, than to one gross, brutal one at one time; just as I would prefer for the integrity of any of my tissues to receive ten light blows at short intervals, rather than one gross blow.

The proof of the matter is, that dosimetrically given, morphine does not excite vomiting, a disagreeable effect that is not mentioned in dosimetric literature; and if it does follow morphine in dosimetric



Feet: A well-fitting shoe is a comfort and as curative as a properly applied shoe is to a horse's foot.

Feet: Weak ankles are not made stronger by artificial support. Take off the shoes and give Nature a chance to cure.



doses it should have been mentioned in all good faith.

Morphine employed against dyspnea does wonders at times, but frequently too it kills the patient. Why? Nothing but normal physiology and pathology can answer this question. We have seen above that this alkaloid exercises its influence first of all on the sensitive cells of the cerebral cortex, from which it extends its effect to the middle brain, then to the medullar bulb. If so, then the respiratory centers stake out, as it were, the roads for it, as follows: In the optic thalami, in the floor of the third ventricle, there is an inspiratory cerebral center; in the anterior part of the corpora quadrigemina there is an expiratory cerebral center; and in the posterior part of these same there is another inspiratory center. These three centers are bound together in the principal dominating center, the vital knot, which governs sovereignly the respiratory movements and assures their symmetry. In the spinal cord there are secondary centers commanding the accessory muscles of respiration. These are depending immediately upon the vital knot.

The amount of carbonic acid contained in the blood regulates the activity of those centers. When the blood contains a normal quantity, of O and CO<sub>2</sub>, the respiration goes on normally. But when the blood contains too little of O, or in other words when too little normal blood arrives at the respiratory centers, then dyspnea appears. The centers then put the accessory muscles of respiration in greater action, and the respiratory movements become more profound and quicker. At the same time the patient feels a thirst for air, and

experiences cruel anguish. Morphine then lowers the excitability of the centers, and diminishes or abolishes the dyspnea.

As to its employment against dyspnea, this must be done judiciously, for there is a useful dyspnea which we must respect, and there is a useless one which we must combat. A patient with mitral disease has troubles of the circulation. His left ventricle sends too little blood into the aorta. The respiratory centers receive too little blood, of blood whose amount of oxygen is only normal, and they receive therefore too little oxygen. Dyspnea now ensues, a dyspnea utterly useless, for the accelerated respiration does not make the blood circulate any quicker. The proof of this is the pulmonary stasis and edema, in spite of the dyspnea. Here the action of morphine is beneficial. We say therefore that cardiac dyspnea is amenable to morphine.

But it is totally different with respiratory dyspnea. A lesion of the air-tree, of the bronchi or the lungs, diminishes here the diameter of the air-carrying channels, i. e., the extent of the respiratory surfaces, and the oxygenation of the blood is incomplete. The blood comes to the respiratory center in normal quantity, but it contains too little oxygen. dyspnea ensues, a dyspnea which is beneficial, for the accelerated respiratory movements assure the aeration of the blood. As far as possible under the circumstances it endeavors to remedy the deficit in oxygen. To stop the dyspnea here were a gross fault. It would be to deprive the organism of its only saving plank. We say therefore, respiratory dyspnea contraindicates morphine.

There is, however, an exception to be



Feet: The tendency to croup has been cured by letting the child go barefoot even when snow is on the ground.

Feet: Neuralgia of the foot is best relieved by putting it in a bucket of very cold water whenever the pain occurs.

made in cases where that kind of dyspnea accompanies an incurable disease. Then, moved by that consideration and with the consent of the patient and those around him, the physician might give morphine to assure an euthanasia.

The use of morphine against asthma has also caused the death of many a patient. It is here again that we must distinguish carefully between cases that are amenable to morphine and those that are not.

Von Basch fixed magisterially the pathologic physiology of the principal forms of asthma; of these two forms, one calls for morphine and the other does not.

Bronchial asthma is due to a spasm of various origin, affecting the bronchial muscular fibers. The lumina of the bronchi are diminished and too little air arrives at the respiratory surfaces. Dyspnea ensues. Morphine removes the spasm of Reissens's muscles and puts an end to the pathologic state. We say therefore that bronchial asthma is amenable to morphine.

The mechanism of cardiac asthma is an altogether different one. It is an insufficiency of the left ventricle that produces it. This insufficiency is primary when the heart muscle is degenerated, or when its contractions become spasmodic. It is secondary when the arterial pressure increases suddenly and strongly, for then the resistance which the arterial system puts forth against the blood-wave which has left the left ventricle, imposes upon it violent efforts under which it succumbs. When the work of the left ventricle is no longer proportionate to that of the right one, what is then the consequence? One part of the blood

which ought to pass into the arteries stagnates in the left ventricle, and this stagnation is propagated to the left auricle, and thence to the pulmonary veins in the lungs. The right auricle and ventricle work normally, and throw their blood into the lungs under normal pressure. The pulmonary blood-vessels become gorged with blood and distended, and the pulmonary parenchyma becomes rigid and turgid. The over-filled blood-vessels diminish the free room of the alveoli and thus the area of the respiratory surface is diminished. Then the aeration of the blood is badly done and dyspnea occurs.

Is this dyspnea amenable to morphine? No, for either the heart-muscle is diseased or weak and has to be tonified, and morphine cannot do this but will do rather the contrary; or there is here arterial spasm, of either toxic origin (nephritic), or due to arterial degeneration (atheroma), and all these contraindicate the use of morphine. We say, therefore, that cardiac asthma contraindicates morphine.

Before prescribing we must recognize the nature of the attack by observing the following differential signs:

## CARDIAC ASTHMA.

Mixed dyspnea, *i. e.*, marked during in- as well as during ex-piration. Pulse strong at the beginning of attack, then rapidly becoming weak and small.

No rales except when there is pulmonary edema.

Coexistence of cardiac lesions, as myocarditis, fatty degeneration of the heart, arteriosclerosis.

## BRONCHIAL ASTHMA.

Dyspnea almost wholly during expiration.



Feet: The best hunting footgear we ever used was a canvas baseball shoe; the water ran in freely and out again.

Feet: Many persons cannot bear rubber overshoes without raising blisters. Have a sheet of rubber between the soles.

Pulse soft, strong.

Whistling rales and numerous during expiration.

No other pathologic conditions.

Strong doses of morphine weaken the heart-action and make it irregular. Even small doses of morphine lower the blood-pressure. This action shows itself by preference in cardiac patients, and during an attack of angina pectoris. In these patients morphine might bring on a definite stoppage of the heart-action (Lewin).

Like many other medicaments morphine, too, may provoke cutaneous manifestations, as exanthemata, local edemas, general pruritus.

The salivary secretion is frequently augmented, while the stomach and intestines on the contrary become paretic, and then secretion diminishes. Hence comes constipation, which some authors attribute to an excitation of the splanchnic nerve (Nothnagel).

Vesical tenesmus is frequent, which must be attributed to an excitation of the detrusor-muscle and a paralysis of the inhibitory nerve of the sphincter. Strong doses of morphine paralyze the detrusor and so bring on retention of the urine.

The contraction of the pupil by strong doses is due to an increased tonicity of the iris sphincter.

The habituation to this medicament, and morphinism, will appropriately conclude the enumeration of the principal effects of morphine.

These actions show with convincing evidence that this valuable alkaloid ought, according to an ingenuous and old formula, be handled with prudence, because its action goes frequently far beyond what one desires.

And how, I pray, is one to be prudent

with the hypodermic syringe and the tubes with one or two centigram tablets? I do not know, and no one has yet informed me.

The only way to be prudent in the sage use of such an altogether active medicament I know well, but I shall guard myself against saying it myself, lest you laugh me in the face and say that I am a partisan, and so I prefer to let someone else say it. When Reichert was reminded that cocaine was a counter-poison to the morphine poison, he said expressly that this counter-poison must be handled with prudence so as not to add cocaine intoxication to that of morphine, and for that purpose the remedy must be given in small, repeated doses. This is prudence and this is Dosimetry, and yet you read this not in *La Dosimetrie*, but in the *Journal des Practiciens*, page 76, 1903.

This high approbation shows that Dosimetry has a reason for its existence. Hence to avoid the collateral effects of morphine one should prescribe it dosimetrically, one milligram (gr. 1-67) every 15 minutes, or two milligrams at the same interval, until the effect has been produced. It is only in very exceptional cases of violent pains that a more rapid action than that which this dosimetric administration of this remedy affords is demanded, and when hypodermic administration is to be resorted to.

The association of hyoscyamine, cicutine, morphine and strychnine arsenate, given each every 15 minutes, or the antispasmodic compound granule of Charles Chanteaud, until effect, is sufficient in the majority of very severe cases. These will produce the desired action without danger and without the unpleasant collateral effects of morphine alone, with-



Feet: Rub frosted feet with wet snow or towels wet with cold water and expose to heat very gradually indeed.

Feet: A sheet of well-greased paper between the stocking and foot keeps the foot warmer than another stocking.

out running the risks which we are about to enumerate.

## II. CODEINE.

The collateral effects of codeine are the same as those of morphine, but they are not as violent, for the good reason that the toxicity of codeine is ten times less than that of morphine. Employed hypodermically codeine can produce chronic codeinism. It easily produces convulsions, especially in infants. It is here that its inconvenience becomes apparent, and more so because the convulsions come on suddenly without prodromic warnings. Codeine does not constipate as morphine does.

It is best employed for its preferential action on the respiratory centers, whose excitability it abates, lessening therefore the number and amplitude of the respirations, the effect of which is a diminution of the quantity of the air expired.

The useful, effective dose of codeine is nothing short of its toxic dose, hence the facility with which accidents can be produced.

Official medicine has been seeking for a medicament possessing the effects of codeine but without its inconvenience. At present the fashion tends to the diacetic-ether-hydrochlorate of morphine, baptized heroin hydrochlorate. There is no need of seeking thus far.

Employed dosimetrically codeine does good service only, and never causes any accidents. In that form it lends itself perfectly well also to the treatment of severe neurasthenia. Dornblueth of Frankfort-on-Main recommends it (in the *Therapeutische Monatshefte* for July, 1900) in such cases for its stimulating action, in doses of one centigram (gr. 1-6) repeated three times a day the first

day, and four, five, and six times the following days. In this way codeine will be tolerated for many weeks.

## III. NARCEINE.

In massive and spaced doses this medicament has all the inconveniences of morphine, and displays all its collateral effects with perhaps the exception of the initial excitement. Its toxicity is maybe not so great as that of morphine. Its use in granules is recommended by classic authority (Soulier I, page 518).

## IV. GREGORY'S SALT.

The collateral action of this salt is that of morphine and codeine, of which it is composed. This means that if it is to be used safely it must be in the prudent dosimetric way.

## V. OPIUM.

I would not have spoken of opium in a dosimetric journal, were it not that I have often heard a singular argument raised against Dosimetry and Alkaloidotherapy generally. Medicaments derived from plants and employed in the forms of tinctures and extracts contain a number of active substances. Now, it is said, many substances are worth more than one, hence it is better to use the plant, or its extract, rather than only one of its alkaloids.

Those that are fond of a multiplicity of remedies, and who use opium in preference to its alkaloids, can be well accommodated by it in their desires; for here is in fact what opium is composed of, according to Hueseman (*Pflanzenstoffe*, page 667 *et seq.*). Of alkaloids it contains:

Morphine 2—14 per cent.

Narcotine 4—.08 per cent.

Codeine 0.2—0.5 per cent.



Feet: When you return from the office get the shoes off and cloth slippers on at once; let the feet have fresh air.

Feet: Every doctor should have a foot-warmer in his carriage; a Lehman is the best we have yet examined.

Narceine 0.1—0.4 per cent.

Pseudomorphine (Oxymorphine, Phomine), quantity not known.

Papaverine 0.51 per cent.

Thebaine,

Opiatine,

Rhoeadine,

Cryptopine,

Codamine,

Lanthopine,

Laudanine,

Laudanosine,

Hydrocotarnine,

Meconidine,

Protopine,

Gnoscopine,

Oxynarcotine,

Then of crystalized non-nitrogenized substances it contains:

Meconine (opianine) Meconosine 5 per cent.

Meconic acid, Thebolactinic acid 3—4 per cent.

Gum Caoutchouc 6 per cent.

Pectic acid, Resin 2—6 per cent.

Wax, fat 1—3 per cent.

Ethereal oil, trace.

Cellulose 10 per cent.

Alkaline sulphates and gypsum 5 per cent.

Together nearly 1 per cent.

The mixture is so complex and variable, that it is worth the trouble to enumerate its components for the edification of our readers.

"Of all these bodies one of them will act at least; one single body has less chances to act than a great number of them."

Those that speak in this way show that they do not know the first word of dosimetry, and they therefore judge of a method without knowing what it is. The above argument really implies the assertion that dosimetry employs only one alkaloid at a time; but that this method employs a combination of alkaloids has long been known the world over. Alkalometrists do indeed use many alkaloids simultaneously, but they know precisely what each one of them will do, and what the quantity of each one of them is, while those who obstinately persist in the use of extracts and tinctures make use of variable doses. The above table of the component parts of opium is made for their inspection.—*La Dosimetrie*, Janvier, Mars et Juin, 1903.

Chicago, Ill.

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### ALKALOIDAL MEDICATION.

Read before the Houston County, Tenn., Medical Society, August 10, 1903.

By R. H. Baylor, M.D.



MORE than half a century ago Prof. Adolph Burggraeve, of the University of Ghent, conceived the idea of employing the active principles of plants in the treatment of disease, these active principles being freed from all inert or extraneous matter. This does not mean the employment of new and untried drugs.

The same drugs that have always been used are employed, but their preparation and application are different. Because the medicines are mathematically measured and accurately divided the term "Dosimetry" is applied to distinguish this method from others in vogue. The active principles which were formerly used in crude form are now accurately

♥ ♥ ♥ ♥ ♥ ♥ ♥ ♥

Feet: Never let an abscess in the sole of the foot go without being opened early and freely; it will burrow else.

Feet: Before you put that bistoury into the sole of the foot review the anatomy and locate the arteries.



weighed and measured, and mathematically divided and formed into granules, so as to secure greater precision and uniformity in dosage. And this certainty of uniformity enables the prescriber to employ the most powerful drugs in the treatment of infants—the newly-born babe if necessary.

One of Burggraeve's precepts is: "To acute diseases oppose acute treatment; to chronic disease, chronic treatment." The wisdom of this will appeal to the intelligence of all physicians. Each granule is arranged to represent the minimum adult dose, and in acute diseases they are best administered every fifteen minutes, every half-hour or every hour, according to the requirements of the case, until some improvement is manifested.

The objection has been urged that this frequency of dosage annoys the patient and that larger doses at longer intervals should be given to prevent this. Now, in my opinion, this frequency of dosage is the most satisfactory guarantee of safety that we have. When giving drugs of great potentiality there is danger, when giving them in large doses, of producing toxic effects, which can be absolutely prevented by giving them at short intervals and in small doses. The effects can be noted, and any untoward occurrence is the signal to withdraw the drug or make the interval longer—all strictly within the bounds of safety.

Besides, some medicines are cumulative in their action, and it is here that the greater safety of the alkaloidal method is especially manifested, and the cumulative effect of the drug absolutely prevented or preventable. And while alkaloidal medication is sometimes called the "rifle-shot," or single-drug plan, com-

binations may be made without fear of incompatibility, except in the case of tannin, which forms an insoluble tannate with all the alkaloids.

Another advantage lies in the fact that "in acute diseases active diagnosis can be made," and in this way many cases can be jugulated, which would otherwise run a much longer course. The medicines best calculated to do this are aconitine, digitalin and veratrine, which may be combined or given singly as conditions may require.

In this way the harmful tendency of many diseases, such as capillary bronchitis, pleuritis, peritonitis, and diphtheria, may be mitigated or prevented altogether.

"All schools of physicians use but one medicine to stimulate paralyzed nerves and restore paralyzed muscles, and that remedy is strychnine. If strychnine is a proper remedy to use to cure paralysis, it is also a proper remedy to prevent paralysis" (Shaller).

In aconitine we have the best means for the reduction of bodily temperature, and this being one of the most powerful drugs known, the extreme accuracy of dosage made possible by the perfect division attained in the manufacture of the granules, the vast superiority of the method becomes prominently apparent. And since all the sciences and all human endeavor are pushing forward in the direction of perfection at the rate we all see and know, to say that medical science is not well abreast if not in advance is a reflection on our medical savants of very grievous character.

Perhaps it would be well to give a brief definition of the term "Active Principles." "An active principle is that portion of a medicinal substance which



Feet: We cured caries of a cuneiform bone once by one injection of Villatte's solution. It hurts like blazes.

Feet: A corn under the big toenail will defy the observation of anyone who has never been shown one there.

possesses one or more of the medical properties of that substance and which is capable of exerting a curative influence on diseased conditions. They are divided into three classes, namely, alkaloids, glucosides and resinoids, to which may be added some oils and oleoresins.

"An alkaloid is an organic substance capable of uniting with acids to form salts. A glucoside is a substance which may be resolved into glucose and some other proximate principle, but does not combine with acids to form salts. A resin or resinoid is a principle having the characteristics of resin, that is, of being soluble in ether and alcohol, and insoluble in water" (Helpful Hints).

Our great objection to the indiscriminate use of the crude material is that many substances contain several active principles, some of which may be distinctly different in character and antagonistic in effect, and from this fact totally unsuited for exhibition together in some conditions. And still another argument in favor of the alkaloids in isolated form is the well-known variability in different samples of the same plant. Some samples contain 100 per cent more of the active principle in a given amount of the crude drug than others. Our official directions say, take so much of the crude material and so much menstruum, and this regardless of the percentage of the active principle, to make our tinctures and extracts. Now let me ask, how can one be sure of his footing under such conditions? In the case of the alkaloids the active principle is eternally the same, whether it be obtained from a sample rich in the active principle or from one that is poor.

"Our skill as physicians is exercised in appreciating the pathologic condition

present, and our knowledge as therapeutists tells us what agents exactly meet the indication. There is no mixing up of belladonna, stramonium and hyoscyamus in one formula, in the hope that some one of them may relieve the paroxysm of asthma. We recognize the existence of spasm of the pulmonary terminations of the pneumogastric, and we know that atropine will directly combat that spasm. We know that glonoin also relaxes that same spasmodic state; but while acting more quickly than atropine it does not last long enough; we therefore give the two together and get a quick action from one and a sustained action from the other" (Abbott).

Now, would we get as good results from a tincture of belladonna of unknown strength? All really great advances in human knowledge, and all innovators upon established orders, have been assailed in all ages, but truth being an eternal attribute, even though trailed in the dust for a time, will triumphantly assert herself. Alkalometry will survive until something better is presented, because, up to this date, it is the best system that man has yet devised.

"It is uniform in strength. It is uniform in effect. It is certain in effect. It is easy of solubility, and easily absorbed, and speedy in effect. It is portable, a vest pocket carries the essentials for emergency practice. They are easy to administer and free from irritating effects. There is no need for scales and weights, their accurate division being attended to by the manufacturing pharmacist. The dosage is worked out to such a degree of perfection that exact scientific methods seem to be very nearly attained. They keep in any climate" (THE ALKALOIDAL CLINIC).



Feet: Never apply any sort of caustic to a corn. Remove it by a careful dissection; then cover to exclude dirt.

Feet: In removing a corn never draw blood; afterwards have a properly-fitting shoe worn to prevent recurrence.

The extracts and tinctures of the old methods not being identical in strength cannot be always the same in effect.

Yet it is by no means claimed that the alkaloids alone will furnish our armamentarium. There are many other things in use that have come to stay. There is creolin, ichthyol, carbolic acid, iodine, mercury, and many, very many others, too tedious to mention, that will be retained because their usefulness has been abundantly demonstrated. But I assert without fear of successful contradiction that the alkaloidal method of administering medicines, namely, the giving of small doses frequently repeated, is the coming universal practice. This is not denying the possibility of exceptional cases where large doses may be demanded in emergency.

"Investigate the claims of alkalometry. It will not hurt you. It doesn't bite. It is not infectious, or at least its infection is benignly beneficent. It doesn't deal with abstractions, infinitesimals, visionary and impracticable dreams. It does not require you to unlearn your whole previous learning. It harmonizes with all you already know. It makes you a better observer. It makes you a better therapist. It makes you a better doctor. It wins patients' confidence. It makes you deserve confidence. It

gives a sure basis for faith in medical art" (Abbott).

It is a long stride in advance of the old methods. Who would abandon the self-binder for the old sickle method of harvesting his wheat? The alkaloidal method is as far ahead of the old method as the self-binder is ahead of the old sickle. This is my matured opinion after having employed it for nearly eight years. My confidence in it grows stronger the more I investigate it. I assert that I would promptly abandon the practice of medicine if I had to give up alkalometry.

But I wish to add a word of caution to all who may contemplate using the alkaloids. You must rub up on diagnosis. This all should do anyhow. This is the rifle-shot, and must be accurately aimed at the microbes you are after or you may have cause to recall the couplet.

"Full many a shaft at random sent,  
Finds mark the archer never meant."

It appears to me to be impossible to get beyond the active principles, because all medicines derived from organic substances owe their efficiency to them alone; and that being the case it seems that when we learn all that can be learned about them we shall have reached the period of our limitation.

Erin, Tenn.



## THE THERAPEUTICS OF WHOOPING-COUGH.

Read before the Colorado State Medical Society, October 7, 1903.

By J. Tracy Melvin, M.D.

Officer County Board of Health.



We are just passing through a severe and wide-spread epidemic of whooping-cough, which has led me to the consideration of the subject.

I confess to a great surprise when



Feet: All we know about the feet we learned from a chiropodist. The sneering title of foot-doctor is contempt misapplied.

statistics showed that in the city of London, for instance, one-fourth of all deaths in children under five years comes from this cause and that it annually forms about 2.5 per cent of the total mortality both in the United States and England;

Exhaustion: Aching muscles, aching from fatigue, and prostrated nervous system call for arnicin, small and frequent doses.

and further to discover that from 25 to 30 per cent of all reported cases in patients under one year were fatal under "orthodox" forms of treatment. In 1880, in the United States, there were over 11,000 deaths from whooping-cough as against 16,000 from scarlet fever, all of which is sufficient evidence that we are by no means dealing with a trivial disorder.

The German proverb that "whooping-cough lasts until it stops" is unfortunately the common opinion of the public and to an extent of the profession, and to be honest about it, we must confess that the average treatment used or advised by so-called "authorities" is of very little service in either lessening the distress or shortening the attack, so we are not surprised that many cases of severe whooping-cough are never even brought to a physician, but are left to cough it out or die as the case may be.

The fact, too, that it is not considered to be a disease sufficiently serious, although known to be exceedingly contagious, to even report to the health authorities, or to necessitate the child's absence from school, if it can possibly go, confirms its classification in the popular mind as "trivial."

This absence of quarantine, isolation or even restraint is not a serious matter for children of school age but becomes a most serious matter when the disease is conveyed, as it is almost sure to be, to homes where there are infant children, among whom the mortality is so severe.

This popular idea, too, of its trivial nature, together with its prolonged course makes it very difficult in private practice to control our patients sufficiently to either check the spread of the infection or to accurately observe the ef-

fects of our treatment during the various stages of the sickness.

The vast number of therapeutic measures which from time to time have been advocated as palliative or curative in this affection doubtless often originate in this imperfect observation or the assumption that the remedy was effective when given during the natural decadence of the attack.

It is manifestly impossible in the average case to administer remedies at frequent intervals by day and night for a period of thirty days or more to an active child who is not seriously sick, so when parents at length weary of coming around for more medicine we often assume that the case has improved under our treatment, when in fact perhaps we have merely confirmed the parent in his already formed opinion that no treatment has any real effect in these cases.

It is a matter of never-ending surprise to me that our large institutions, where conditions may be controlled throughout, practically never give the profession authoritative conclusions regarding the value of any definite treatment in any disease with the possible exception of typhoid fever.

My own series of cases in this epidemic of whooping-cough numbered 158 patients, of whom eight died. I also signed death certificates in eight other cases where no physician had been employed and the history was clearly of this trouble. From careful inquiry I should estimate that not less than fifty additional cases recovered without professional consultation in my territory.

In nearly every fatal case the cause of death seemed to be merely the strangling of the infant by the mucus during an ordinary paroxysm of coughing, accom-



**Exhaustion:** Muscular aching and other symptoms of prolonged exertions are relieved by veratrine, small doses.

Physical and mental depression from overwork are relieved by zinc phosphide gr. 1-6 four times a day; not near meals.

panied perhaps by a spasm of the glottis. In this way death occurred repeatedly in infants who apparently were not severely sick. In only two cases did bronchopneumonia occur as the fatal complication.

Of my own cases thirty-six were infants under one year, with eight deaths. Forty-eight more were under five years and sixty-nine more under eighteen years. Eighteen cases were over eighteen years, three being over seventy. This would seem to show a marked susceptibility on the part of nurslings and that even old age is not a factor in immunity.

The average duration from the beginning of the cough until its complete cessation in twelve wholly untreated cases was forty-five days, and I will confess that the majority of my own cases went the same limit, although a respectable minority were very much shorter for which perhaps the treatment should have some credit.

In casting about for suggestions in the line of effective treatment I was nearly disgusted to see the great number of vile compounds, in archaic combinations, which are presented to us not only in our standard text-books but also by our most advanced alleged up-to-date journals. Mixtures containing alum, quinine, chestnut leaves, bromoform, carbolic acid, asafetida, creosote, and others which are so freely advised in liquid combinations, may be at times of value but few parents could or would dose their children with them daily for a month and their routine administration is not justified by the results obtained.

I was however beguiled by the very flattering reports which have recently appeared in many journals advocating the thorough and prolonged administra-

tion of calcium sulphide in this trouble on the theory that the sulphureted hydrogen excretion by the breath and mucus was inimical to the bacterial cause. I tried this most thoroughly in 50 cases, and failed either to abort its attack, mitigate a paroxysm or shorten its course.

I tried in several cases by administering it to the mother to prevent the nursing from being attacked or mitigate its severity. Although the drug was proven present in the milk it failed in every case so far as I could see to abort the attack, *although in several cases of older infants it ran a much shorter course.*

Peroxide of hydrogen was another remedy which I thought should be a rational one, but neither internally nor by spray did it appear to be of distinct benefit.

Belladonna and hyoscyamus pushed to tolerance perhaps controlled the paroxysms to some extent but although used in some forty cases were seldom of real benefit as it appeared to me. Heroin was also used as palliative in some twenty-five cases. The results were not at all satisfactory, in young children especially, *as they seemed to strangle much more alarmingly than without it.*

I mention these failures merely as examples of many others and because they served to eliminate from my work quite a list of agents that had been seemingly successful in other hands.

Fifty-one of my cases received antipyrine for a longer or shorter period and each case appeared to receive marked relief in the number and severity of the paroxysms. In fact I consider this remedy to be almost the only internal agent whose effects were sufficiently constant and pronounced to justify its claim as a



Exhaustion: This with headache and flushing are relieved by the habit-formers, morphine, cocaine or codeine, but beware!

Exhaustion: Caffeine relieves the sense of fatigue, the headache, even the insomnia if the dose is well gauged.



real remedy in this affection, and yet its well-known depressant effect makes it unwise and unsafe to use in any routine way or for the long period during which it is indicated, without careful watching.

The use of a four per cent spray of this same agent appeared to be quite efficient in lessening the number of the paroxysms in the ten cases where it was so used, thereby obviating the need of giving so much internally. Cocaine used in this same way and also internally as advised by several authors was not in my experience of nearly as much value. This leads me to believe that there is some other virtue in antipyrine beyond a local anesthesia. The popular use of a widely-advertised cresoline compound by inhalation which seemed in my cases to give very satisfactory results, led me, late in the epidemic, to try the use of creosote, pure carbolic and crude carbolic acid, by vaporizing from a heated surface and keeping the air loaded with the agent. This furnished a more or less constant medication and *from the crude or impure carbolic acid I obtained very marked results*. Two infants especially who were severely attacked made easy recoveries after I began its use. In every case where it was used it appeared to shorten the duration of the disease from one to two or three weeks. I shall certainly use it more extensively and with much confidence in the future.

Its unpleasant clinging odor is a slight drawback, and the possibility of toxic effects must be borne in mind.

Formaldehyde has also been highly recommended by many recent writers to be used in this same way, keeping the air of the living and sleeping rooms evenly charged with just enough, as much as the eyes will tolerate without

smarting too bad. This I used as the main treatment in fourteen cases, all of whom recovered in from twenty-two to twenty-six days and were not severe. These two last-mentioned agents have the advantage of being constantly at work day and night while the child is in the house and yet producing no disturbance of the stomach or other organs while being administered.

With the hope that possibly infection might be restrained to some extent in the school rooms, I had the floors sprinkled each night toward the last of the epidemic with diluted formalin and used the formaldehyde generator in each room once a week. The morning airing made the room livable to the scholars but enough gas remained during the day to give continuous inhalations, and the teachers were all positive that the paroxysms of coughing were very much less severe among the children after that plan was adopted and no harm apparently resulted, although I have questioned the wisdom of submitting two hundred children taken at random to the continuous inhalation of this gas for eight hours a day, even if it is quite dilute.

The conclusions, then, which I have drawn from this epidemic for my future guidance are: First, to depend upon antipyrine to palliate symptoms where necessary in older children. Second, to depend upon crude carbolic acid with its contained cresols vaporized in the room constantly in all cases among small children and infants. Third, to use formaldehyde in the same way at night and in the day when practical with older patients. In this way I think that the severity of the symptoms can be greatly ameliorated and the duration of the attack materially shortened in the large

Exhaustion: Cannabis gives relief from the sense of fatigue, but the danger of a habit must be guarded against.

Exhaustion: Head and backache from overwork, mental or physical, is relieved by marcotin gr. 1-2 every hour till better.

majority of cases, and without a lding to the punishment of the patient.

Saguache, Colorado.

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This paper is one of the most important that has come to the CLINIC for many days, and I want to congratulate Dr. Melvin on the thoroughness with which he handled, or attempted to handle this epidemic, and the carefulness with which he reported it directly to his medical association and later to us of the CLINIC family.

The doctor is right in his argument and, from his standpoint, absolutely correct in his conclusions. He has uncovered the inherent cussedness of whooping-cough and he has indirectly interpreted its successful treatment; but our experience of many years will lead us to differ in a measure, while we can and do heartily emphasize the importance of some of his concluding observations.

Whooping-cough is caused primarily by a specific infection. The patient does not die from the infection, but from the resultant pathological changes affected by and conditions set up through its attack, and these are largely of a congestive exudative character, bringing about, through interference with respiration and disturbances of digestion, extreme debility and greatly lowered vitality.

On this hypothesis, which cannot be gainsaid, the dominant treatment should be one capable of in a measure overcoming the infection. This, despite the doctor's observations, we have in calcium sulphide, given to saturation; but to produce this result a calcium sulphide must be used that is calcium sulphide as good as can be obtained, and I must be

pardoned for saying that I know of none that compares at all favorably with the 1-6 gr. special C. P. granules of The Abbott Alkaloidal Co., the manufacture of which is directly under my own personal observation. This brand of calcium sulphide has been used for years by thousands of doctors without one word of complaint. Calcium sulphide that is right is a dependable remedy and the uncertainties of the reports regarding it are based entirely on uncertainty of drug. Nice bottles, pretty labels and inert contents won't do.

Use calcium sulphide and use it freely—there is no limit but dose enough. Having saturated the system with calcium sulphide, to prevent congestion of the mucosa give at once small doses frequently repeated of atropine sulphate (or valerianate, if there is already some evidences of spasm) to dilate the capillaries and bring the blood to the surface. This must be carried to the extent of slightly dilating the pupil and the patient must be held in this condition. Instead of allowing the patient to roam at will he should be carefully housed and while not "coddled" should be protected from atmospheric influences so that the respiratory glands are not brought into play.

Nothing is more vicious in the conduct of a case of whooping-cough than to allow the little sufferer to wander at will and cough and sweat on the street and catch cold, etc., as is so often done. This very treatment prolongs cases that would otherwise recover much more quickly.

Due attention should be paid to elimination and the diet, and especially to the condition of the alimentary canal. Saline cathartics should always be used



Exhaustion: A prolonged hot bath or mustard footbath gives relief from mental and physical alike; cold bath next morning.

Exhaustion: Cut out the alcohol from every and any form of this malady and learn to use the beter and safer remedies.

regardless of the age of the patient. It is just as easy to give Saline Laxative to the baby as to the older person. The quantity required is of course less and the solution should be made sweet, may be flavored, and should be allowed to stand until all effervescence ceases. If this treatment is properly carried out, as a rule no sedatives will be required. If they are required, never use anything that tends to thicken the mucous secretion.

Now don't say to me "why, you have just suggested atropine!" Atropine arrests and does not thicken secretion and paralyze the glands like opium and its synergists. Iodoform is one of our best remedies. So also is cicutine hydrobromate, a granule of each of which may be placed on the tongue to dissolve as often as occasion requires. The bit of codeine in Vaughn's Anodyne for Infants, combined with anise, emetine, etc., in this well-known formula, is one of the least objectionable of the anodyne remedies, far less objectionable than heroin, against which we are glad to have Dr. Melvin speak so positively.

If exudation has already taken place, not one whit of this treatment is contraindicated, but in addition thereto should be given, on occasion, large doses of calcium iodized (Calcidin, A. A. Co.). At least 10 grains should be given to a child of twelve within twenty-four hours and the dose may be doubled if results are not satisfactory.

The combination of calcium sulphide, camphor monobromated and quinine hydroferrocyanide, which we have designated "Whooping-Cough Granule," is an excellent general prescription, to which the atropine can be added as needed. The quinine combination will

be seen to cover the ground of indication for a sedative, the atropine and camphor monobromate, that calling for antispasmodics, with calcium sulphide as the dominant remedy.

Regardless of what the "Masters" say, regardless of what the people through the execrable influences of bad therapeutics and therapeutic nihilism have been brought to believe, despite of what perhaps even you, my reader, may think, whooping-cough can be aborted! Properly handled, both by the parent and the doctor, it can be reduced materially in severity and greatly as to duration, thus removing it from the class of the most vicious diseases of childhood to become one of the simpler and more easily controlled affections.

Now my critic will say: "Well, you are a single drug man." Now, look at that! If that isn't shot-gun medication, what is it?" May I answer: Single-drug medication is the directing of a definite remedy to overcome a definite, well-recognized physiological condition on the basis of "dose enough," while shot-gun treatment is the application of unknown remedies jumbled together in a vehicle of uncertainty and fired into the poor sufferer in spoonful doses, *ad nauseam*, in the hope that, as expressed to me by one doctor whose favorite tonic formula contained over thirty ingredients, that "if one didn't hit the mark, the chances were that some of the others would."

Now, Brothers, don't get hot! This is a "straight talk from alkaloidal headquarters," the truth of which you can demonstrate for yourselves, but when a man tells you that a "30-30 high pressure" will put a steel-jacket bullet through a six-foot pine tree, don't call



Exhaustion: Caffeine or veratrine for acute conditions; hypophosphites with rest, diet and clean bowels for chronics.

Exhaustion: A five-minute nap or lying down with eyes closed after meals, gives a rest realized only after trial.

him a fool because you have tried to shoot the bigger bullet of a 45-170 through a dry oak tree a foot thick and failed to do so. Comparison that doesn't compare isn't a fair basis for judgment.

That antipyrine is helpful, is unquestionable; that it is dangerous, as outlined by the author, is unquestioned. It is also true that cocaine is temporarily helpful, but it is a remedy which should rarely if ever be put into the hands of the laity. That carbolic acid and other volatile and volatilizable antiseptics are of value, as used by Dr. Melvin, is absolutely true, and in severe cases should always be promptly resorted to. Dr. Melvin's school-room experiment is thoroughly commendable and the measures which he adopted during the epidemic were thoroughly justifiable. On the whole, if you will review the author's treatment in the light of my words, you will see that he practically hit upon every salient point, although he did not push to the extent that I would push and did not apparently apply his remedies in the sequence suggested.

I have said my say and it is up to you to prove to your own satisfaction whether I am right or wrong. The opportunity is all about you, the means suggested within your reach, and the

possibility presents for you to demonstrate to the "grandmothers of the family" as well as the "old women of the profession," that whooping-cough is amenable to modern, up-to-date therapeutics.

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I might say in passing that the above was submitted to Dr. Melvin, from whom we received the following:

"I wish to say that I thoroughly appreciate your sympathetic and exhaustive review of this matter and heartily endorse the sentiments as of the utmost value to the profession at large in elucidating and emphasizing the vital points of this matter to which I endeavored to call attention. Unusual discussion was elicited upon the paper when read before my society but I am specially gratified that it should now be presented to the great CLINIC family as a text for your effective 'straight from the shoulder' talk. I thank you for your considerate courtesy."

J. TRACY MELVIN.

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Now let us get down to business and teach the people (teaching first ourselves) that whooping-cough is amenable to treatment.—Ed.

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## ALKALOMETRY MEANS MEDICAL PROGRESS.

By M. W. C. Frazier, M. D.



SUPPOSE you are aware of the fact that I am reading THE ALKALOIDAL CLINIC, also that I am doing my practice with the alkaloids manufactured by The Abbott Alkaloidal Company. Listen: When I was a boy my father (who was a good farmer for the times) broke up

his land with a wooden mould-beam, Cary plow, with a paddle hung on the handle. We dropped the corn by hand and covered it with a hoe, cultivated with a shovel and bull team—two to six furrows to the row. Reader, visit an up-to-date farm to-day and make notes. Again the miner fills a 20-ton car with

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Exhaustion: Of no possible use to treat unless the digestion supplies a full and digestible, nutritive material.

Exhaustion: Obscure cases generally reveal their cause when the bowel is scientifically emptied and disinfected.

ore, sends it to the smelter and refining mill and when he gets what he wants out of it, he puts it in his pocket and departs. Does anyone ask what I am driving at? I say "a hint to the wise is sufficient." Oh, if I could have known, 40 years ago, what little I know to-day of Alkalometry what an immense amount of useless labor, perplexity and worry it would have saved—and perhaps—well, I will not say; draw your own conclusions. The alkaloids always produce results when indications and dosage are right. Keep up the good work.

On the 21st of October, 1903, J. B., male, single, 23 years old, came to my office in the following condition: Tongue furred, pulse 120, temperature 102.5° F., bowels constipated, skin dry and bronzed, eyes suffused; he was suffering greatly from an acute lymphangitis starting from a "a sore" as large as my hand, situated on the anterior aspect of his right leg just above the ankle. The lymphangitis extended up to the inguinal region with red streaks along the entire lymphatic track. It being late, and the patient having to return to his home (3 or 4 miles) that evening, I made a hasty diagnosis of uricacidemia, and prescribed, accordingly, 10 tablets of "Calomel with Arom." and 10 granules "Sulphur compound"—one of each every one-half hour; followed each morning by one teaspoonful of Saline Laxative every two hours until free catharsis. On the 22d I did not see my patient. On the 23d I called; found him up, no pain, pulse and temperature normal, tongue clearing, suffusion of eyes gone, appearance of skin better, lymphangitis all gone.

Now for a history of the case. At 6 years of age he had a severe spell of

fever; when the fever subsided his right foot and leg were paralyzed. The tendons contracted and drew the foot inward and downward, producing great deformity. He went to St. Louis and had some kind of an operation performed and with braces the foot was brought into normal position but the paralysis still remains, having foot-drop, etc. Treatment: A teaspoonful of Salithia morning, noon and night, calcium sulphide to saturation—with alumin and triple arsenate. A few days after treatment commenced, the left foot became affected and was very painful, having one very painful burning blister on ball of foot. He is, at my suggestion, using a solution of nitrate of silver, 20 grains to the oz., locally for itching and burning, which it relieves—he was drinking scarcely any water until recently. I prevailed upon him to drink—drink water copiously, which he is now doing and everything is better—kidneys secreting well and urinating freely. I have made no change in treatment from the first, called to see him day before yesterday; found him sitting at desk writing, both shoes on; looked cheerful, said he was improving rapidly, sores all about well.

Now, messrs. editors and brother clinicians, from my meager description of the above case do you think I am right or perhaps only partially right in diagnosis and treatment? Please let me hear from you.

Corrizzo Springs, Texas.

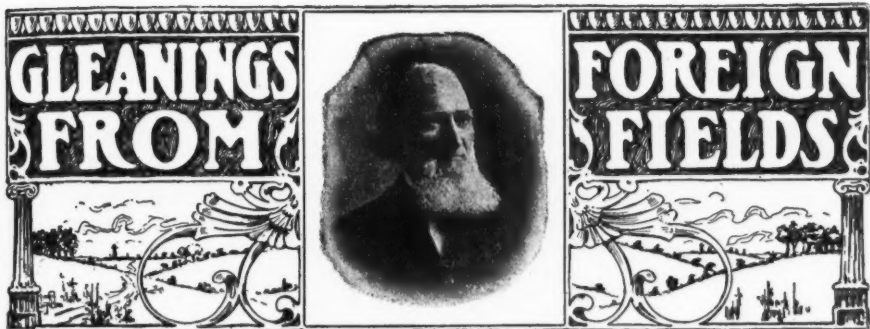
—:o:—

The results you have produced are a sufficient evidence that you are on the right track. If uric acid still persists, to prevent a relapse, give Calcalith, two tablets with a pint of hot water following at 10 a. m., 3 p. m., and bedtime.—Ed.

Exhaustion: Do not forget in studying cases that sexual indulgence normal to one may be excess to another.

Exhaustion: The influence of prolonged worry or irritation drains the supply of vitality and begets erethism.





Translated by E. M. Epstein, M. D.

### ERGOTININE IN OTHER THAN OBSTETRIC PRACTICE.

Ergotinine, or ergotin which contains it, exercises a general action on the circulation, contracting and closing the capillary blood-vessels of the periphery. Hence when given in too large doses we will have pallor of the face and the general integuments, falling of the temperature of the periphery, vertigo, nausea, respiratory troubles consequent upon cerebrospinal anemia, all of which are the outcome of capillary action consequent upon too large a dose of ergotinine. There will also be various sensory phenomena, formication, anesthesia consequent upon a diminished flow of blood to the parts so affected. Lastly there will be a suppression of the secretions resulting from the same mechanical cause. We see in the above the great utility of knowing the physiologic action of a remedy, both primary and secondary, so that we utilize it therapeutically and clinically.

This vasoconstrictive action of ergotinine can be profitably utilized in various hemorrhages, such as obstinate epistaxis, intestinal hemorrhages, hematuria, tubercular hemoptysis, congestive catamenia, or metrorrhagia simple or consequent upon a uterine tumor. Gubler, Huchard and Peton have used

this remedy in such cases with great satisfaction. They advise to use it hypodermically and as soon as the hemorrhage takes place.

Ergotinine will be found useful in all active and passive congestions of the uterus, all chronic engorgements, leucorrhea, cerebral hyperemia, paralysis, mental diseases, apoplectic coma, and meningomyelitis. Its vasoconstrictive action will calm the sufferings of tubercular meningitis.

The action of ergotinine on smooth muscular fibers becomes available in certain visceral atonies, as e. g., in atony of the bladder, rectal prolapsus, in retention or incontinence of the urine, in uterine fibroma, in atony and dilatation of the stomach, etc.

The moderating action of ergotinine on the secretions too, makes it useful in polyuria, diarrhea, dysentery, galactorrhea, and night-sweats.

For the same reason this remedy was proposed in aneurism, in dyspepsia, in goiter, in hemorrhoids, in spermatorrhea, in blenorrrhea, in all congestive neuralgias, and in diabetes.

Ergotinine manifests its good qualities equally in the mental ailments of

melancholy, hypochondria, stupidity and various manias.

In lead paralysis and in paralysis of the bladder and rectum it has at times succeeded when electricity and strychnine failed to do any good.

Ergotinine seems to act on uterine fibrinous tumors not only by arresting the bloody wasting but by acting directly in the arrest of the development of the neoplasm, and in making it at times to even retrogress.

Ergotinine acts more rapidly and more certainly than ergot, than its various preparations and the various ergotins.

This last dictum is that of A. Houdé, of Paris, from whose excellent "*Revue Therapeutique des Alcaloides*" for July, 1903, this article was much abbreviated.

Prejudices and habits, the pillars of conservatism, which is neither to be neglected nor decried, if the golden mean is to be kept, stand yet in the way of utilizing the ergotins and ergotinine in general practice. I call, therefore, the attention of free thinking Alkalometric physicians to this remedy, and would be glad to receive communications from them on this point.

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#### A GRAVE CASE OF GASTROENTERITIS CURED IN 14 DAYS.

The expression gastroenteritis is inadequate as it does not say what segment of that tract is affected. What is commonly understood by this term is an inflammation of the stomach, jejunum and ileum. But if the inflammation affects the duodenum we call it duodenitis, if the colon then colitis, if the rectum then proctitis, and if the cecum then typhlitis, or perityphlitis.

The inflammation may be limited to the serous covering of the stomach, or may extend to the fibrinous-circular layer and inwardly to the mucosa, or may be limited to the last two. The picture of the disease will differ in each case and will demand a different treatment too, according with the seat of the disease. These details must be borne in mind when we treat with the superior and more precise method of alkalometry.

In the case to be described here the disease extended itself to the serous covering and made it far more serious on account of the great pain, the diarrhea and the fever which brought the patient to the gates of death when Dr. Dartigues of Paris was called.

The patient was a widow 70 years old, tall and thin and of bilious complexion and little color. Appetite capricious, diarrhea alternating with constipation and for many years past she suffered from chronic gastroenteritis.

Three days before taking sick the patient committed an error of diet and among others things ate a salad of lettuce.

The following symptoms presented themselves at this time, and remembering her high age, the conditions for resisting the onset of the disease were highly unfavorable. Temperature 102.2, 104, 104.9; pulse 100 to 120, tongue dry. There was nausea, vomiting and hic-cough. The entire abdomen hypersensitive to the least touch. Bilious diarrhea preceded with intestinal cramps before evacuations, skin dry and pungent. Intellect torpid, somnolent, slight delirium on the increase of fever which took place twice in 24 hours, about 8 a. m. and 10 p. m. the last of which lasted at times till morning. Anorexia, thirst un-



Exhaustion: Look for a leakage of nerve force; it may be from a defective eye and curable by fitting glasses.

Exhaustion: Any source of irritation may act like a thorn in the flesh, a constant drain of the nerve forces.

quenchable, no taste, prostration complete. The coldness of the extremities increased with the frequency of the diarrheal discharges. The stools nauseatingly fetid were bilious at first then became mucous and rice-watery, and exoriated irritatingly the rectum and finally became involuntary. There were no borborygmi in the right iliac fossa although the tympanites were great. No tumefaction of either liver or spleen, nor any sibilant rales that might characterize typhoid fever.

The age of the patient, the previous chronic intestinal inflammation, the rapidity with which it became acute and lastly the prostration of the patient, made the prognosis very unpromising. The patient went through severe crises of inflammation, extreme prostration, feeble almost imperceptible pulse, coldness, respiratory anxiety, stupor and coma. When the patient became very weak the buttocks became sore from constant moisture and the difficulty of keeping her clean, and no crusts could form over the sacrum and trochanters. The patient became so low that the family resolved to have administered to her the last rites.

Fortunately for the patient she was treated alkalometrically and that method has always simple, uncomplicated means, energetic enough to make all threatening symptoms to disappear. As long as there is a point of life upon which to work the grand remedy of hypophosphite of strychnine, in fact strychnine and phosphoric acid, will promptly meet the danger and save the life.

An attentive examination of the course of this gastroenteritis made me divide it into two periods. In the first period I encountered an intense febrile

reaction, abdominal hyperesthesia, hiccough, vomiting and moderate diarrhea. The indications were: Aconitine, veratrine and digitalin, against the continued fever, a granule of each every half-hour till effect. Hydroferrocyanite of quinine and sulphate of strychnine against the regular exacerbations, a granule of each four times a day; brucine, hyoscyamine, codeine and emetine to combat the gripping pains, the hiccough, the vomiting and the diarrhea, a granule of each every 3 hours. Every morning a dose of Saline Laxative in ptisane of melissa and bitter orange peel; a camphor ointment with extract of belladonna, and poultices of linseed over the abdomen. Such were the medicaments I ordered in the first period, also sinapisms to the upper and lower extremities. For nourishment I ordered chicken and veal broth with rice, or simple water with a tablespoonful of wine five or six times a day. For the thirst Vals water with milk.

In the second period I had to deal with an adynamia resulting from diarrhea, for which I gave subnitrate of bismuth as a disinfectant astringent, codeine, emetine and hypophosphite of strychnine, and as adjuvants an infusion of colomba, enemas of subnitrate of bismuth, and later on of lime-water. The excoriations of the buttocks and sacrum were protected with cotton batting secured with adhesive plaster. Later on the sores were bathed with water of chamomile, rosemary and lavender, tincture of arnica and cinchona bark; still later when gangrene threatened to settle there I ordered a circular cushion filled with cotton batting to prevent pressure.

With these means I succeeded in pulling my patient out of danger. Her

Exhaustion: What a beautiful study is the search for the causes underlying this condition. Here the real doctor comes in.

Exhaustion: If the cause appears beyond detection by any possible means, send the patient away for a few weeks and note results.

convalescence began at the end of fourteen days and was not a long one.

Dr. Dartigues thinks he has the right to write here "*finis coronat opus*," that is to say either dosimetry or nothing.—(*La Dosimetrie Aout.*, 1903.)

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#### ANALGESIS BY OXYGEN.

Codina Castelvi of Madrid demonstrated before the 14th International Medical Congress meeting at that place his apparatus for subcutaneous injection of oxygen for anesthetic purposes. The operation is painless and the effect extends to the entire periphery of the nerve in whose region the injection is made. The anesthesia takes place in from five to thirty minutes and lasts at times from 24 to 48 hours. The average dose is 500 cubic centimeters (16.905 ounces). The speaker used it successfully in sciatica, in various neuralgias and in polyarthritis.—*Ibid.*, No. 27, 1903, p. 1310.

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#### PEROXIDE OF HYDROGEN IN EYE DISEASE.

I do not recollect having seen or read about the application of peroxide of hydrogen in ophthalmology. The reason for this is very likely the fear of more or less of impurities that attach to this invaluable remedy. I am glad to glean the fact, that Merck of Darmstadt (and New York) took the matter in hand and has put on the market a perfectly pure article of a 30 per cent solution. Husz gives it the preference on account of its constancy of composition. He uses it in various eye diseases, in one to three per cent solution for injections in suppura-

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Exhaustion: The cause may be in environment, bad hygiene, irritating friends, bad companions, monotony.

tion of the lachrymal sack to wash it out, in injuries of the cornea, in croupous conjunctivites, in corneal ulcers, and in stopping of hemorrhage in operations. But in most of the other forms of conjunctival diseases and in parenchymatous corneal inflammation, the remedy had no effect.—*Ibid.*, No. 44.

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#### PHOTOTHERAPY IN MEASLES.

Scientific as our age is, and medicine shares to a good extent in it, still it is lacking in hasty conclusions. *Phototherapy* in measles suffers in some quarters from the hasty conclusion that red light is curative in this disease. It is in fact only so far beneficial as it excludes white light which injures the conjunctiva, but any influence on the process of the disease, red light has none. Monmenea Lopez Reinoso spoke to this effect before the Congress.

The same gentleman spoke in the same place on

#### NUTRITION IN INFECTIOUS DISEASES.

The digestive organs suffer on their part in acute infectious diseases, and this limits, therefore, their capacity of nourishing. This functional debility extends to the motility as well as to the secretory function of these organs. Nutrition in such diseases should, therefore, be of light and fluid substances and should extend to a longer time after the disease has been overcome in order to prevent relapses. Maragliano of Genoa recommends on the proposition of Queizoles, to feed a typhoid patient per rectum until convalescence in order to prevent meteorism and perforation.—(*Ibid.*)

Croup, catarrhal: For active fever of high grade give veratrine pushed rapidly till pulse falls or nausea occurs.

# Miscellaneous Articles

## ATROPINE VS. APPENDICITIS.

On November 21, 1903, Miss F., age 17, weight about 95 pounds, a very light blonde, always healthy, was taken suddenly and violently ill with cramps in her stomach and bowels and vomiting. A physician was called who made a diagnosis of appendicitis. He prescribed carminatives (no opium), hot applications and salts. Treatment continued twenty-four hours, during which time she grew worse and I was called in to see her as a consultant Nov. 22, at 6 p. m. I found great tenderness over entire abdomen but greatest at McBurney's point where there was a hard mass. Bowels were not swollen, abdominal muscles were rigid. Bowels constipated and seemed to be in a state of tonic spasm as there was no peristalsis and the constipation had not yielded to large doses of salts. Temp. 101°. Pulse 140 to 150. No rigors, no sweats. We gave her hypodermically, atropine sulph, gr. 1-50, painted entire abdomen with tr. iodine and put on, over that, a thick layer of antiphlogistine, and gave two ounces of castor oil. As soon as the physiological effects of the atropine became manifest she became somewhat easier but we repeated the dose of atropine (gr. 1-50) four hours later, when she got so nearly easy that she went to sleep and slept until 6:30 next a. m. She awoke free from

pain and nausea. Temp. 100, pulse 110 and feeling a great deal better. Bowels moved at 7:00 and 9:30 a. m. Then I gave her in emulsion every three hours, salol gr. three. Gave some liquid nourishment every three hours followed by Elixir Lactopeptine. This treatment with an occasional dose of oil or an enema, or both, was continued one week, during which time she steadily improved and at the end of that time was safely convalescent. Yesterday, two weeks from first illness, she was sitting up with nothing to indicate that she had had appendicitis except the remains of a blister which was put over McBurney's point a week ago. I have several times had an opportunity to observe the action of atropine in primary cases of appendicitis. It should be given early, during the stage in which there is spasm of the intestines, and given "to effect." Thus given, it will not disappoint but there are cases where it would be madness to rely on it.

I refer to recurrent cases which have gradually grown worse until finally pus has formed. I suppose there are a few primary cases in which there is pus from the start but I have never seen one in ten years of active practice. Now, if the editor thinks there is any meat in this at all, he may cull it out and give it to



the brethren, not that it is new, oh, no, but rather that it is one of the many good things which I and a great many others have gleaned from the CLINIC.

Long life to "it" (with a capital "I") and to "its" editors.

F. G. P., M. D.

—, O. T.

—:O:—

Thank you, Doctor! That feels good. With atropine or hyoscyamine to full effect, a primary cleaning out and rest with absolute starvation (deprivation of food or drink) for a day or two, pelvis elevated, seven out of ten primary cases of appendicitis can be aborted.—ED.

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"The CLINIC is thorough and practical and contains what the busy doctor wants to know and does not go into hair-splitting theories that are worthless to the majority of physicians.

J. F. McC., M. D.

—, Ky.

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#### "KEEP A PULLIN'!"

My dear Doctor Abbott:

The enclosed delicious little bit was written years ago, by one of the kindest and truest men whom it has ever been my good fortune to know. Like yourself, he was born on a farm in Vermont and in his career has worked his way up through farming, clerking, railroading, etc., until he now occupies a responsible and remunerative position in one of the important manufacturing centers of New England. He wrote this for his employees and by good fortune I obtained

a copy. Many a time in the last ten years the "Keep a Pullin'" gave me new courage when things seemed blackest. I was again reminded of it by the little "Jus' Keep Still" in the October CLINIC, and send it to you for your eventual use.

H. J. ACHARD, M. D.

Roselle, Ill.

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Ef the tide is runnin' strong,  
Keep a pullin'!  
Ef the wind is blowin' wrong,  
Keep a pullin'!  
'Taint no use to cuss and swear—  
Wastes your breath to rip and tear—  
Ef it rains or ef it's fair,  
Keep a pullin'!

'Though it's winter or it's May,  
Keep a pullin'!  
Ef you're in the ring to stay,  
Keep a pullin'!  
'Though you can't see e'en a ray,  
Sun is bound to shine some day,  
Got to come 'fore long your way,  
Keep a pullin'!

When you're sick an' tired, too!  
Keep a pullin'!  
Never 'low you're feelin' blue,  
Keep a pullin'!  
Ain't no good in blamin' fate,  
'Cause you're workin' hard and late,  
Better say you feel first rate,  
And keep a pullin'!

Fish don't bite just for the wishin',  
Keep a pullin'!  
Change your bait and keep on fishin',  
Keep a pullin'!  
Luck ain't nailed to any spot,  
Men you envy, like as not  
Envy you your job and lot!  
Keep a pullin'!

Sympathy is just a fake,  
Keep a pullin'!  
No one feels it when you ache,  
Keep a pullin'!

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Croup, catarrhal: For moderate fever with excretions good, give aconitine pushed till pulse comes down well.

Croup, catarrhal: An emetic of apomorphine by hypo, etc., will often cut short a threatening attack.

Only this is worth 'erwhile,  
And you'll find it helps a pile!  
When the wind blows hard, just *smile*,  
An' keep a pullin'!

Ef your runners strike bare ground,  
Keep a pullin'!  
Don't give up! and don't go 'round!  
Keep a pullin'!  
Woudn't give a hoss his grain  
Ef he woudn't break his chain,  
Back up prompt, and pull again!  
And keep a pullin'!

'Spose yer haven't got a cent,  
Keep a pullin'!  
Not a red to pay the rent?  
Keep a pullin'!  
Gettin' "busted" ain't no crime!  
Gorry, 'mighty!—That's the time  
Grit will make a man sublime!  
Keep a pullin'!

Can't fetch business with a whine,  
Keep a pullin'!  
Grin an' swear you're feelin' fine,  
An' keep a pullin'!  
Summin' up, my brother, you  
Hain't no *other* thing to do:  
*Simply got to pull her through!*  
So keep a pullin'!

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I have enjoyed this very much and I am sure our readers will also. Enjoyed it particularly as I have been "pullin'" since 2 o'clock this morning on material for the March CLINIC, and can endorse every word. I'll try—will succeed. You've no doubt heard the story of the two mice who fell in the pot of cream: One said, "I shall drown! I shall drown!" and did. The other said, "keep a kicking" and did and by his kicking churned a pot of butter on which he sat in safety till the maid discovered him in the morning and as a reward helped him out to liberty, while the

other was thrown by his tail to the rapacious maw of the waiting cat. Keep a kicking.—Ed.

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"I think THE ALKALOIDAL CLINIC is the best medical journal to-day in the English language."

J. B. J., M. D.

—, Me.

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# ALKALOMETRY MUST PREVAIL.

Dear Doctor Abbott:

I feel that I really owe you an apology for failure to reply to your last two communications. I am very closely bordering on seventy-five (75) years and have been trying to quit practicing; but some patrons persist in calling me in, when disease invades their homes, and I don't know how to refuse.

As to Dosimetry, the active principles intelligently administered must and eventually will prevail. There can be no possible good reason assigned why they should not supplant the uncertain, impure and variable drugs, now so largely employed in the daily practice of the Galenics.

Doctor, I have been amused, in reporting to one of them (a special friend and one of the best physicians in our state) cases of typhoid treated according to your general plan, as detailed in THE ALKALOIDAL CLINIC, and none of them allowed to run longer than 18 days, to have him ask the question, "how about the diagnosis?"

Whenever pneumonia or typhoid fever is jugulated by the employment of the active principles—the diagnosis is questioned or "it was only a very mild case;" but time with the intelligent scientific

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Croup, catarrhal: Give codeine nicely dosed to allay irritation and keep child quiet till abdomen retracts.

Croup, catarrhal: Give atropine to relieve dyspnea and free breathing, small doses pushed to reddening the face.

employment of the little granules with their certainty and safety must and will cause the Galenics to climb down [Better say "up," Doctor?—Ed.] or they will be left out in the cold. Pardon me for trespassing on your time and patience and allow me now to express my high personal regards.

DR. E. A. THORNE.

Airlie, N. C.

—:o:—

Your approval of the CLINIC and the general work we are doing, is very encouraging. I hope that you will avail yourself of these better methods of practice so far as possible and do what you can to push the good news along among your medical brethren in the South. We all have much to learn, and it is only by giving ear to the words of Progress that we go forward.—Ed.

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"I must add a word of praise for THE ALKALOIDAL CLINIC. There is in it more genuine, good, practical reading to the square inch than in any other journal I have ever read, or have ever seen."

M. T. G., M. D.

—, Mo.

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#### NUCLEIN IN CANCER OF THE BREAST.

I am just now reading your article on Nuclein in the November number of the CLINIC. I want to add an experience I had with cancer of the breast in 1901. A negro woman, between sixty and seventy I should say, reported to me with cancer of left breast with an ulceration of two and a half or three inches in diameter. She was suffering much pain and was an

offense to all in the house. I began using ten drops of nuclein hypodermically every day, just outside the ulceration. I ran this up to fifteen and then to twenty, as well as I now remember; in a short time healthy granulations began to appear, pain was decidedly modified and the odor, which was so offensive, was almost gone.

I kept this up for thirty-six days when she objected to continuing it (on account of expense of medicine only, which I had asked her to bear, as it was a charity case) and some months afterward passed out of my sight, going to the country.

In connection with this I gave her iron, arsenic and strychnine. Her family reported steady improvement and recently I was informed that the breast was "healed and well." In these cases it certainly promises much.

B. F., M. D.

—, Kentucky.

—:o:—

The above report is of intense interest and of great importance. Of course "one swallow does not make a summer," but here is something worth thinking of and something which every physician presented with the opportunity should try and results should be reported through the CLINIC. Won't you do this?

It will be noted in this connection that the doctor's tonic treatment practically fills out our pet idea of a resolvent tonic embodied in the formula known as "Triple Arsenates with Nuclein," which we devised some years ago, and which has been adopted by many CLINIC readers as a sheet-anchor for tonic treatment. The granule contains strychnine arsenate gr. 1-134, quinine arsenate gr. 1-67, iron arsenate gr. 1-67 and two drops of

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Croup, catarrhal: To relieve great restlessness give lobelin or gelsemin till slight effect is manifested.

Croup, catarrhal: Just give fresh iodized lime rapidly repeated and do not bother with any back-number drugs.

Nuclein Solution. This is a powerful tonic combination, the indications for which are debility of all kinds; especially indicated in sexual neurasthenia and as an aphrodisiac. Adult dosage: Six to twelve daily.—Ed.

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#### FOUR OF A KIND.

At noon, Sunday, October 4th, Wm. Tison, colored, aged twenty-six, came for me saying his wife had given birth

months, the appearance of the infants indicating that her opinion was about right.

The placenta was in one piece, with the four cords coming off at various points. The mother was twenty-five years old, of moderate size, used to common labor in the field and at the wash-board. She had washed the day before her confinement. This was her fourth confinement, the previous ones being normal in results. I am sorry I was not



Nos. 1 and 4 are Boys, and Nos. 2 and 3 are Girls.

at seven o'clock in the morning to four babies, two girls and two boys, that two of the babies were dead and his wife very weak. I accompanied him to his home, a small cabin three miles north-west of Starke, and found the mother all right when I arrived, but the other babies were dead. The midwife told me the boys only lived a few minutes after birth, but the girls lived three and four hours. The mother thinks pregnancy had advanced to six and one-half

present at the birth in order to report more in detail the facts of the case.

A. H. FREEMAN, M. D.

Starke, Fla.

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#### THE ALKALOIDAL TREATMENT OF DOMESTIC ANIMALS.

I want to let you know of my experience with Saline Laxative. I had a very sick horse, a stallion of great service to me, that was found rolling and very sick

Croup, membranous: Quell the early stage fever by aconitine or veratrine pushed carefully to full effect.

Croup, membranous: Keep child quiet by morphine till abdomen begins to retract in inspiration, then intubate.

in the morning. Not being at home my folks called a surgeon and he doctored him to his extent and said that it was an incurable case of biliousness. I then gave him four large spoonfuls of Saline Laxative and one grain of atropine and one of morphine hypodermically; waited twenty minutes and gave him four more rounding table spoonfuls of Saline Laxative and in two hours he got up and shook himself and walked a few rods and passed water finely. Both times he took the "Seidlitz" he belched wind a good deal. The laxative moved his bowels thoroughly, and I believe it cured him. He is well and hearty now. I would advise every doctor that has a sick horse to give a good big dose of Saline Laxative, as the horse is next to man and what is good for me is good for my noble horse. If this is worth printing I would like to have other doctors try it. I have cured a horse of rattlesnake bite with morphia hypodermically and then wrapping the wound up in coal oil, twice this summer.

E. B. N. S., M. D.

—, Oklahoma.

—:O:—

We are pleased to have this report and solicit others on this subject. We have long looked forward to the time when we could see a chance to take up this much-needed work. As a short-cut, if you will apply man remedies and man rules on the basis of average comparative weight, you will do well—far better than can be done by the old methods.—Ed.

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"As long as I practice medicine and you publish the CLINIC, permit my name to remain on your list of subscribers,

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Croup, membranous: Emetics and mercury have been given to loosen the membrane, but whoever knew of two cures?

but do not fail to always notify me when my subscription is nearing the out-time."

M. A. B., M. D.

—, Ga.

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## ALKALOIDAL CERTAINTY AND MEDICAL NIHILISM.

In reply to your question "if I use the alkaloidal preparations" I will say that I have done so for ten years and would very much regret if I should be compelled to do without them. If I could not get them I believe I should quit the practice of medicine.

With the ordinary galenical preparations there is too much uncertainty and tampering with human life. The results are not always what we expect and consequently we lose faith in medicine and become nihilists in its practice. A lady once said to me that she "had no faith in doctors or medicine." As she had been under my care I said to her, "How about me." She replied, "Oh, your medicines always do just as you say they will." And this is true when we use them in accordance with the proper conditions. If the right remedy is used at the right time and in the correct way, it will not disappoint us.

It requires a long time for people to learn a new thing and doctors are no exception to the general rule. They of all others should strive to obtain that which is most certain and accurate in its therapeutic effects, that which will, as a consequence, pointedly and surely tend to alleviate disease. But after all how many of us know much about therapeutics? If they knew more about it, few would keep saying, "I know the old way of practising and I do not propose to begin again by learning the new."

Croup, membranous: Sanguinarine has been usefully given in late stages as a stimulant expectorant; or segenin, or scillitin.



Perhaps their patients would appreciate them better if they only knew the old way. A man is never too old to learn if he continues the practice of medicine and desires to do his patients the best service. When he ceases to learn, it is time for him to retire.

Keep up your good work doctor and by the time you are gray I believe the whole profession will have adopted the method we are now practicing.

J. T., M. D.

—, Missouri.

—:o:—

Getting right down, heart to heart, is not there a whole lot of sense in the above? Has not the doctor given just the reason for the existence of the nihilist and the remedy for the poor, benighted man? What else is there for us, but the accuracy which comes from therapeutic specifics, the remedies which have always the same effect? Then knowing the condition resulting in the symptom, and regardless of the disease, and knowing the remedy and applying the one to the other, may not medicine come nearer to being an "exact science?"

—Ed.

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# NUCLEIN IN CANCER OF THE BREAST.

Sometime ago I wrote you about my sister having a tumor of the breast. It was removed, but is returning with axillary glands sore and enlarged. She is asking what to do and I don't know what to say or promise. In my anxiety to do something I wrote to L. F. Purviance, M. D., Stantonville, Ohio, for full information of his treatment by Thuja, as given partially in CLINIC of

September, page 1101, but letter was returned marked no such place in Ohio.

Now, what can I do and what can I promise? When these things come close home to us, we feel like saying, like the prophet of old, "Is there no balm in Gilead?" Have you any literature on Thuja and Conduragin? If you can help me, let me hear from you.

DR. J. E. JOHNSON.

Joplin, Mo.

—:o:—

I wish that I could say something really helpful and hopeful to you relative to your sister's case. Conduragin is still "on trial." The reports from the field indicate its value in some cases but it is not (like most of the alkaloids) a "dead sure thing." All we know about Conduragin was published in the CLINIC for August, 1902, q. v. As to Thuja, the report in the CLINIC came to us in the ordinary course but the writer knows nothing personally of the action of this drug in these sad cases. Our records have Dr. Purviance at Steubenville, not Stantonville, O. Write him and at the same time ask Dr. Uri Lloyd of Cincinnati to send data on Thuja. I think he knows more about it than anyone else. I do not like to express any definite opinion, Doctor, but I would at least try Conduragin—Thuja also if reports satisfied me. That's how we win out sometimes. There is no question but that Thuja has a remarkable influence on morbid tissue and it is also equally certain that Conduragin if used boldly gives remarkable results—sometimes when least expected but, as you remark, when it comes close home to us we realize how illy-fitted we are to cope with cancer in any form. And yet there is a

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Croup, membranous: To sustain the failing heart give digitalin with strychnine or brucine, and give just enough.

Croup, membranous: Quinine was advised to prevent exudation, but who can diagnose so early in the attack?

remedy—the thing now is to find it. I would also advise the use of nuclein hypodermically in 30-drop doses three to four times a week in different parts of the affected area.

Try these remedies, Doctor, and if we can be of any further assistance to you command us. We assure you of our sincere sympathy and express the hope that your sister's case may prove to be amenable to treatment.—Ed.

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"Can no more do without the CLINIC than the tools to work with."

H. H., M. D.

—, Miss.

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#### PHYSICIANS' COLLECTION.

HOW ONE SUCCESSFUL DOCTOR DOES IT.

Dear Doctor Abbott:

I send you a copy of a letter I am just now sending out to my patrons, many of whom have dropped far behind. I have endeavored for years to collect closely, but failed in part. From this time on the program changes. Cash or a signed blank must be forthcoming at the proper time or, as a final measure, suit will follow.

I didn't wait until January 1st but sent letters December 15th. Responses came in promptly. My patrons take it all right and think the letter is nothing out of the way. If you think it has merit and would be of use to "the boys," you may publish it. I got the letter out more to corner a lot of about 15 to 20 slow-pays, but have sent out 108 so far. My idea of having husband and wife both sign the form is to make it more secure and

easy to obtain judgment and levy on property if necessary.

G. H. FULFORD, M. D.

Sioux Falls, S. D.

P. S. Fourteen days have elapsed since I sent out first letter. Results: A good bunch of money is in my hands, also one claim of six years' standing that statements, requests, etc., had failed to bring, has been liquidated, and some seem to act as though there was a veiled threat in my letter and so have hustled to come in and settle.

G. H. F.

—:o:—

The following is a copy of the letter in full and is given space thinking it may be of help to others.

GEO. H. FULFORD,  
PHYSICIAN AND SURGEON,  
233 Phillips Ave. S.

#### A FRIENDLY LETTER TO MY PATRONS TO OUTLINE MY BUSINESS PLAN.

SIoux FALLS, S. D., Jan. 1, 1904.

Mr.....

Mrs.....

Dear Patrons—December 1st I sent out statements to my patrons asking payment by December 10th. Responses not being satisfactory, I determined to have this friendly letter sent to all my patrons, thinking that some might be unaware of my business plan.

Statements are rendered monthly. All accounts become due in 60 days, all open accounts to be fully closed the first of each year. If I have been remiss in following this plan fully in the past, owing to rush of business, the folly of such action is so duly impressed upon me, by my own experience and the experience of my fellow practitioners, that in the future I shall follow this plan to the fullest, and must insist upon full settlement the first of each year.

It has been said "that a bunch of accounts depreciate rapidly every month, and particularly with every year of added age." A doctor in Pennsylvania, the other day, on his eighty-eighth birthday, burned \$42,000 of old accounts which had accumulated in thirty-five years. I have \$15,000 uncollectible on my



Croup, membranous: Just give iodized lime in full doses and see that it is fresh and active; don't give up case too quick.

Croup, membranous: Of all the old treatment, morphine and intubation are the only things worth saving.

books. That is all I feel like throwing into the fire just at present. Some are outlawed; in

This experience, while I have undoubted faith in a great majority of my patrons, shows me I have been careless, and some of my patrons indifferent, as on my list I find two clergymen and people in various lines of business, who could have paid without distress to themselves. There is no patron but what could pay 50 cents and upwards a week or month. Many accounts could be paid in this way that otherwise might be overlooked. It is not that people don't want to pay—often simply a case of forgetfulness or neglect. I will accept any sum however small at any time. In like proportion as I have been careless in the past, in the future I intend to be active and strenuous, and can make no exceptions regarding settlement of accounts. Settlement must be by cash or by signing the printed form below, acknowledging account as correct. This plan works no hardship, as if a person is short of funds he or she can sign form below, and if more time is desired this can be extended from time to time, as long as I am treated in good faith and extension is truly needed. I have several motives why I am determined to follow this plan: 1st. To keeping my books in a business-like manner. 2nd. I want to visit the St. Louis Fair in the late summer. To do this, and meet other obligations, I must collect accounts early, promptly and fully to be able to go. 3d. If I should lose my life, or meet with a serious accident on my trip, my books would be in a business form and easily looked after. 4th. It may be necessary to make a trip to the Pacific Coast in 1905, so that when enough is raised for 1904 expenses, I must look ahead early to prepare for that possible event, and not be remiss in my collections.

Form will read on or before 60 days: this can be renewed if necessary. In case of married people, husband and wife will both please sign. All signers will always write in first or given name. A prompt response, within 10 days, is desired. Either come in and pay cash or bring in signed blank in person, or pay part cash and sign blank for balance of account, or mail cash or signed form without delay and send in. If a suit should be brought, interest will be charged in addition to this stated amount, which is \$.....

Trusting you will promptly make a settlement and continue to favor me with your future patronage, I remain,

Yours respectfully.

GEO. H. FULFORD.

—:O:—

His letter is a good one, it is long, to be sure, but probably they will take time to read it. The fact of its being printed is a strong point in its favor, for then

other cases, people have moved away, forgetting to leave their address.

Croup, membranous: The fumigation with slaking lime is a good remedy if not allowed to replace better ones.

Croup, membranous: Retraction of abdomen on inspiration indicates prompt intubation or tracheotomy imperatively.

\$.....	SIoux FALLS, SOUTH DAKOTA.....	190.....
MR.....		
MRS.....		
TO G. H. FULFORD, M.D., DR. A PHYSICIAN'S BILL.		
TO PROFESSIONAL SERVICES RENDERED TO		
THE SUM OF.....	190.....	DOLLARS.
I acknowledge the correctness of the above account, and agree to pay the same with interest at 8 per cent in 60 days, on or before ..... (30).....		
MR.....		
MRS.....		

everybody who received it knows that he is being treated like all the rest and won't take offense as many will at a written letter. I am glad to see the doctors waking up along business lines. I always strove for and managed to obtain and hold the reputation of being "a first-class doctor, high-priced to be sure, but giving quick results, and a doctor that had to be paid," "tempering always the wind to the shorn lamb." "Go thou and do likewise."—Ed.

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Mailing a copy of this comment to Dr. Fulford, I promptly received the following in reply, which is right along the line of modern, follow-up business methods without which 80 per cent of the possibility of the first would be lost. When once you begin (be sure and begin early) never let up till you have made your point.

\* \* \* \*

December 22, 1903.

My dear Doctor:

Thanks for your opinion of my "business letter." As I well knew every one wouldn't come to the scratch, I prepared to follow first with the enclosed letter and did so, in all cases where response to first was not satisfactory. It is a proving winner. The letter was received all right and apparently no one is offended. Some even call and say "it is all right, Doctor, you deserve your pay." Yours for success, and to help each other.

G. H. F., M. D.

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SIOUX FALLS, S. D., Dec. 19, 1903.

Dear Friend—Over ten days ago I sent you my special letter, or notice, requesting settlement by cash or signed acknowledgment blank. Hearing nothing, I send this notice

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Gangrene: When tissues are threatened you may decide the fight for vitality by applying Nuclein to the parts in danger.

to inform you that I cannot carry your account over the year, without some arrangement being made. This is imperative, as I must close my books, and nothing impossible is asked.

I don't wish to put your account into my attorney's hands for collection, but must do so if you pay no attention to my requests. This is sent in a friendly spirit. I don't want to feel that no gratitude exists on your part, or believe as a poet has expressed it:

"The danger o'er, the patient is delighted!  
God is forgotten and the Doctor slighted."

Yours truly,  
GEO. H. FULFORD, M. D.

—:o:—

This is just the beginning of a business propaganda that is right and one which should be adopted in some form or modification by every doctor, where bills are not promptly met. It is delicate in the extreme but is all the more necessary, the success with which it is carried out being the test of the human tact and business sagacity of the chief actor. It is well said that "Gratitude is the fairest blossom that springs from the soul; and the heart of man knoweth none more fragrant," and really there's lots of it all along the drive of our path, but there is just enough lack of it, coupled with other obstacles, to cause the doctor to lose from 15 to 60 per cent of his fees if he don't watch out.

Let us be good doctors and good business men for ten years and we'll change all this, doing for humanity what belongs to humanity for sweet charity's sake and making he who can pay, pay.

"Debt, dirt and the devil are three bad things; and while the latter, serpent-like, may wriggle in, the two former may be kept out by hard work, honesty and scrubbing brushes."

This from the immortal Spurgeon has its application in this argument.

Brother, use judgment and tact every day of your life. Your practice is your

Gangrene: Remove dead tissues and aid the vitality of weak ones by Nuclein and Bovinine applied constantly.

business, your acre of diamonds lies all about you. Expand your scope by doing for the people what they need and wish to have done; hold your practice by prompt, efficient service and not prescribing it away; do business as a business doctor should and you'll never want in this life, while your patrons and the community you serve will rise up and call you blessed. Put it down as a demonstrable fact that the kicker is a slipshod business man.—Ed.

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The CLINIC is my best medical friend.  
C. O. H., M. D.

—, Pa.

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# PLACENTA PREVIA.

Mrs. W., native American, age 32. Called to attend her June 18 at 2 a. m.; found her having light labor pains about every seven minutes. On examination found os dilated to about size of silver dollar, with vertex first position. On the left side of the os the edge of the placenta was very prominent, with quite a hemorrhage.

Following examination I gave 10 grains quinine and 1-120 of atropine, repeating atropine every 20 to 30 minutes, using gentle manipulation and pressure over the fundus of the uterus, which checked the hemorrhage for a time. In about 20 minutes another very free hemorrhage occurred, but with firm pressure over the fundus of the uterus in a very short time hemorrhage ceased. Pains grew stronger, and labor was completed without any further trouble, delivering a fine healthy girl baby.

Now, this case is of interest to me, from the fact that in a practice of 20

years I have only met one other; and they are cases that require the undivided attention of the physician. In this case I gave ten grains of quinine to strengthen labor pains, the atropine primarily to contract the arteries and check hemorrhage, secondarily to equalize the circulation and cause the blood to flow to the surface from the secondary dilation of the superficial blood-vessels, thereby abating any further hemorrhage, the effects of which were very soon manifest, and the patient was carried safely to the termination of labor.

I have been taking THE ALKALOIDAL CLINIC for three years, and I have obtained more real benefit from it than all the other journals I have read in the last seventeen years.

C. C. G., M. D.

—, Mo.

—:o:—

These cases of placental low attachment are said to be due to arrest of abortion in the early months of pregnancy. It would be well to ascertain in each case if this is the history.—Ed.

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"I read every CLINIC from cover to cover, and find something interesting on every page. Long may it live and continue to grow."

G. D. H., M. D.

—, N. Y.

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# FLORIDA ANSWERS.

You ask the kind of patients we want in Florida. Send us your catarrhal cases, every case of catarrhal inflammation from chronic hypertrophic rhinitis to bronchitis and asthma. Throat irritations are relieved entirely. Asthma is

Gangrene: Remember the rare occurrence of this in measles on the inside of the cheek, and look for it in all cases.

Gangrene: How would echinacea internally and locally do in this malady? Tell us if you ever gave the remedy a trial.



always bettered. Send us every case of nephritis in winter—to avoid sudden chilling of skin you want them where you can keep a moist, free skin. Lastly, send us tuberculosis, not in the last stages with cavities but those in the beginning with prostration and weak hearts. Laryngeal cases always do well, better than in a high altitude.

F. J. WALTER, M. D.

Jacksonville, Fla.

—:o:—

There is good sense in these suggestions. Tuberculosis doesn't always mean Colorado, Arizona or California—or even Florida. It means, as in all things medical, that the doctor shall appreciate just why disease conditions exist and know just what agencies will help nature to stem the tide and buffet back to health, and knowing, to apply, as a sensible man should, to benefits of climate, altitude, special foods, special remedies, special exercises, etc. Few more sensible books were ever written than that by N. S. Davis, Jr., "Tuberculosis: How to Live With It."

Our preachment to the CLINIC family may well be summarized in: Be a full, thinking doctor, not an unthinking, careless man nor yet a fakir, a direct evolution from the ranks of the unthinking and the knave.—Ed.

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#### TO ABORT TYPHOID, "CLEAN UP AND KEEP CLEAN" WITH THE "I. A."

The object of this paper is to furnish some observations made by the writer in connection with the aborting or cutting short of the usual "run" of typhoid. The writer realizes that this is a mooted

point. Some believe that this is a self-limited disease and must run its course with, or without medication, while others believe from experience that early, proper medication will either abort entirely or materially shorten the length and lessen the severity of the disease.

Reasoning from a common sense standpoint after we have the premonitory symptoms and we have made a diagnosis of "typhoid fever," we know that the patient has some resisting force at the beginning of the attack. The vital force of the patient offers resistance to the oppressive force of the disease. The disease exerts an "oppressive" force until it gets predominance over the vital energy of the patient. Then it becomes a "depressive" force. It is in this secondary stage of the disease that we meet with hemorrhage, tympanitis, *subsultus tendinum* and diarrhea. We can never cut short the disease when it reaches this stage. We can only treat the indications as they arise and conduct the patient through to its termination. The symptoms that present themselves in the second stage of the disease are the result of the depressive force and each indication must have special attention. Are we to sit still until this second stage arrives and take a two months' pull with our case, and, if he gets well, blow about what a hard case we had? I know when you use your skill in the first stage and cut short the attack that the laity and many of the doctors will say he never had typhoid fever. The doctor might have thought the fellow had it but he was mistaken in his diagnosis. Whoever heard of a case of typhoid fever getting well in eight or ten days? But if these doctors only knew when to work and what to do, they could obtain the same

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Flatulence: Strychnine gives tone to the relaxed nerves, and arsenic is often indicated; so give the arsenate gr. 1-134 every two hours.

Flatulence: Brucine is a valuable remedy for infants and weak people who do not bear strychnine as well as we like.

results in nearly all of their own cases, if they are called in time. The first stage is the time to work if you wish to abort it; do your work while you have the vital force of your patient to help you. Don't depend upon some special remedy that will "unite with the poison and neutralize it" that some chemist or pharmacist has manufactured; he knows but very little about it. Don't drift off into some routine treatment that "Dr. Stump" has gotten up, but stop and think. There are but three outlets to eliminate the poison from this patient's system and that is through his bowels, his kidneys and his skin. Then order hot water at 112 degrees; let it be one gallon or let it be ten. Get your syringe, inject all the water into his bowels that you can. When that passes off, repeat and continue until you can put a gallon in the lower bowel, if an adult, and the water pass off not stained. The lower bowel being empty the contents of the small bowels will pass into the lower bowel in a short time.

Every twelve hours give calomel and ipecac to arouse secretions. Bathe the patient every night, rubbing him dry before putting to bed. If his kidneys are not active enough, give a good diuretic and inject all the cold water you can get him to take. More things are soluble in water than anything else and it is not only the best diluent but it is one of the best absorbents. When you get the secretions in good working order, the skin and kidneys active, then give the sulphocarbolates until there is not a particle of smell upon the evacuations from the bowels. You will be astonished at how quick your patient will be sitting up.

I have treated quite a number of cases along this line with very happy results.

"Cleanliness is next to godliness" and there is nothing like "cleaning out and cleaning up" well and staying cleaned up.

E. T. LEWIS, M. D.

Woolworth, Tenn.

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The doctor talks good, wholesome sense. Typhoid is essentially and absolutely a "filth" disease; the filth present in the system serves as an "incubator," so to speak, for the myriad toxin-producing invaders and, in a short time, the besieged patient is overwhelmed and dies. Get rid of the filth—make the intestine as uninhabitable for the *bacillus typhosus* as the North Pole is for a Hindoo—and, typhoid becomes an innocuous disorder. To cure, clean out the alimentary tract from end to end, put but little into it and keep that little moving and aseptic and the patient simply can't get worse because the *causa mali* has ceased to be present. This is Gospel, brothers; you fail in your duty to your patients and yourself until you prove the fact in your own practice.—ED.

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#### ACONITINE AMORPHOUS: DISCUSSION AS TO DOSAGE.

I was very much interested in Dr. Radue's article on "Aconitine Amorphous" in the April CLINIC and would like to say that I too have experienced much dissatisfaction in prescribing the Dosimetric Trinity as laid down in Shaller's Guide. In the first place I could never understand why you specify that twenty-four teaspoonfuls of water should be taken. Why not 20? I have always used the age of twenty as the adult age in making calculations for the

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Flatulence: Hydrastine is a tonic to the blood-vessels exclusively; berberine to the connective tissues alone.

Flatulence: Quassin is one of the most effective toners of mucosa in our possession; gr. 1-67 every two hours does well.

dose of children, for instance, if the adult age be reckoned at twenty how easy it is to say that a child one year of age would require just 1-20 the adult dose and a child five years of age would require 5-20 of the adult dose instead of trying to remember the old way of reckoning which was always a sore eye to me. Multiply dose by 12 plus age divided age. How many readers of the CLINIC can remember this? I'm sure I can't remember it two minutes and am glad of it. My favorite way therefore of prescribing the Dosimetric Trinity is as follows: Take twenty teaspoonfuls of water, add one granule each of aconitine, veratrine and digitalin for each year of age and one extra of each for the glass, giving a teaspoonful every fifteen minutes for ten doses, then a teaspoonful every hour for three or four doses, after which a teaspoonful may be given every two or three hours. This method of prescribing the Dosimetric Trinity in acute conditions with a rise in temperature, high pulse tension and hot and dry skin has given me the utmost satisfaction. I usually find the condition normal on my subsequent visit.

So strong is my faith in these granules that I have learned to swear by the Dosimetric Trinity after my own prescribing.

G. C. S., M. D.

—, Ohio.

—:o:—

The above is of much interest. It is full of suggestive and helpful thought. As to the matter of dosage, Dr. S., aren't you a little mixed on the old rule (Young's, we believe)? It 'pears to me, we learned to "divide the age by the age plus 12," but if you have forgotten yours

we may have forgotten ours, and it is probably just as well, for there is no exact rule of dosage excepting "dose enough."

Frankly, now, the dose of aconitine as published in Shaller's Guide, in current alkaloidal price-lists and repeated in the CLINIC, may be too small, but we have been constrained to foster this idea on account of the fact that so many otherwise good authorities (notably Bartholow) have inveighed so strongly against aconitine, forgetting its therapeutic value and claiming it to be a deadly poison. We have preferred to suggest minimum dosage, urging for "dose enough;" but we have this to say to our friends, that if you do not get the results you ought to get from aconitine, and if you feel that your cases are well selected, just double the dose and see what you get. In case of Dosimetric Trinity or Defervescent Compound, just add a granule of aconitine to each. And, by the way, Doctor (and pardon me), don't call the mixture of aconitine, digitalin and veratrine, "Dosimetric Trinity." We are aware that this compound is so named by some manufacturers but it is erroneous. The genuine Burggraave "Trinity" is aconitine, digitalin and strychnine, and we personally gave the name Defervescent Compound to the mixture of aconitine, veratrine and digitalin, a combination which we believe we also first suggested. Be that as it may, the compound is a good one, but the first named is the "Trinity."

Now as to aconitine, with all due respect to the general market as it stands to-day, the aconitine amorphous that is offered is a variable affair. We have been working for years on aconitine, availing ourselves of the best sources of



Flatulence: In pregnancy we always found calumbin preferable to the delicate stomach and even allaying nausea.

Flatulence: Fermentation must be stopped by zinc sulphocarbolate, or oxide, carbolic acid, resorcin, or creosote.

supply and the best methods at our command, and we congratulate ourselves on having very recently reached a condition of perfection as regards this product not hitherto obtained, and this notwithstanding the fact that ours has been equalled by few and excelled by none all the time. Aconitine Amorphous, Abbott's, may be depended upon, but give "dose enough." Only last week I was called to see a boy of eight suffering from fever due to intestinal infection accompanied by a hard cold. The indication was Saline Laxative, which his intelligent father had already given him, and another, aconitine, which was given after the usual rules of dosage, with no satisfactory result; consequently, I doubled the dose, adding a proper dose of the W-A Intestinal Antiseptic, and in six hours the temperature was normal and the medicine was suspended and the fever did not return. A granule of strychnine three times a day completed the cure.

There is one ingredient for every prescription, one tool for every surgeon, one expedient or remedy for every doctor that must not be omitted, namely, "good horse sense."—Ed.

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"Sure I want to continue THE ALKALOIDAL CLINIC. It is the journal I look for. I read the others after I get through the CLINIC."

J. C. V. S., M. D.

—, N. Y.

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#### A CRITICISM.

Dear Doctor Abbott:

The CLINIC has come to my desk for some few years. While I know it is not

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possible for you to please all in all things, yet there is one thing you advocate or allow that is certainly opposed to the teachings and to the advancement of medicine, to wit, the withholding from the medical public a remedy or the knowledge of the remedy which, if the claims made by the discoverer of said remedy are true, would save thousands from terrible suffering and some from death, in order that the individual who was fortunate enough, by accident or investigation, to come into such knowledge, can profit financially by the sale of said remedy.

Is not this the method of all quacks and patent medicine men which you cry against continually? If one withholds one remedy, single or a mixture of drugs, why not another, in fact all others? Once such a course is started, where is the end? Naturally with such a standard of professional relations each and every doctor having a pet prescription would be marketing the same for a price, till we would be but a set of unscientific medicos with a long reach for coin.

Medicine so degraded would die, along with humanity suffering this addition to other human ills. You are continually asking for reports of cases and results of treatment for the general good; this is well, but every now and then some fellow bobs up with a sure cure of unknown quantity and you take a sip of his decoction and pat him on the back with the remark that the taste is pleasant, it is said the effect is good, hurrah! another victory for the CLINIC.

Your last offense to this patient reader occurs on page 1166, October CLINIC, Vol. 10. No. 10., endorsing the Brewer treatment of epilepsy. Any man seeing

Flatulence: The local stimulants are often useful; capsicin, menthol, rue, thymol, eucalyptol, cajuput oil.

Flatulence: Sometimes a dram of dilute phosphoric acid in water before meals is a good remedy or adjuvant.

another in an epileptic convulsion and knowing that daily in his own land are hundreds that are so tortured and without relief, who knows a means of stopping all this and withholds the same because he would first feather his nest, is no humanitarian; his feathers thus plucked will profit him not much in the end; he is playing with human life for a price he paid not for in his schooling. Surely this was not in the bargain.

From the time of Hippocrates, when he bound his students by oath, to the present day that is and should be in the greater part the principle underlying our relations with each other. Surely all admire ambition and success. Money-making, too, is the measure of a man's success. In the profession of medicine, success and its complement of money can be obtained without resort to irregular methods or the sale of that which the higher type of doctors give freely away. Let us ever glory in our brothers' success, lend our help always as we would have it lent us; still let it be an equal part of our duty to be sure he is right in his attitude to his profession and to the well-being of his fellow beings as a whole.

Has medical progress ever been through the medium of patentees or nostrum venders? Are not these but parasites on the body medical? Does a man's success in medicine find its beginning in him alone, or in his precedents and cotemporaries and their work and experience contributed to his stock of information? Such arguments could be compiled indefinitely, but enough. I have simply to register a protest against what seems to me an evil which should never be encouraged and to the stamping out of which all influence should be ex-

erted. So many of your principles are unusually good, so much you do admirably; alkaloidal medication and dosimetry are such fundamental bases of scientific practice, that it is painful to see the high priest of all these cast a shadow over it all by giving indulgences to Charlatans, or openly or secretly advocating or excusing their methods. Let the CLINIC succeed and let its success be yours, and this on the indisputable merit of alkaloids and dosimetry. These are sufficient. Let us all come into open court, ask all in and let shame be on him who stays outside or prefers to write his name on the wall of the sink.

With earnestness for the general welfare of the profession and without desire to offend any.

F. G. DuBOISE, M. D.

Selma, Ala.

—:o:—

Thanks, Doctor. One day in our office would convince you that the job of keeping these things out of the CLINIC as well as we do is no cinch. Your views on the subject of proprietorship are ultra and ideal, not practical. If you could control the processes of the competitor, force him to keep results up to the standard, etc., it would be quite another thing. How long would Fellow's Compound Syrup of Hypophosphites have lived if the method had been given away, if "Mr. Fellows" as a trademark hadn't meant something?

Perhaps, Doctor, you don't mean just this, perhaps you mean the thing itself and are willing to accept "trade names" as trade-marks of excellence.

In scoring me you take occasion to decry Dr. Brewer in a way you should not do. I do not understand that Dr.



Flatulence: Very often the attending constipation calls for aloin grain 1-6 every two to four hours or at bedtime.

Flatulence: In hypochondriac cases the valerianates, especially of atropine, are quite effective, with tonics.



Brewer has a distinct remedy for epilepsy or a fixed treatment, but he claims to be able to treat epilepsy successfully and I think he does.—Ed.

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# **BROTHERLY LOVE OUT OF TOWN.**

Yours of November 17th came O. K. Am just now in receipt of yours of November 20, 1903, asking if I received the profit-sharing certificate. Am pleased to say I did. Your other suggestion that I "induce my friends to subscribe" looks well on paper, but you don't really know how much brotherly love there is between country doctors until you have practiced with them for about ten years. In that length of time I have been called a "book agent," been called a "crank," been called a "walking encyclopedia of alkaloidal therapeutics" (but very little commonsense with it), a "quack that only uses little homeopathic pills," a "new-fangled youngster" that's "laid away his bags and old saddle pockets." But, thank the Lord! no one of them ever accused me of "pettifogging" as the lawyers say, or stealing their patients, and we go right on about our little rifle-shot business, curing typhoid fever, pneumonia and other things their patients die of and they still say "our patients are never sick," and claim we call bad colds pneumonia and typhoid.

Well, ours are just next door to it and their's die while ours are getting well. I stand alone in our little town, Doctor, and refuse to meet a man that will not agree to use up-to-date remedies. The others started the dirty work. One of these good men is my own cousin, a man grown old in the practice. But I am

sorry to say he will go and see my patients, knowing I have been called, and he will not leave a stone unturned to roast me good, and I subscribed for the CLINIC for this same man five or six years ago. Don't know whether he is "sticking" or not. He never reads, has no books, and seems to practice medicine more as a side issue; was a magistrate (?) for twenty-four years, and still dabbles in politics.

Now, his practice is and has been gradually slipping away from him, but he is a typical "Old, Country Doctor" of a wonderful reputation as a "Granny Doctor;" calls puerperal fever malaria, and the good God only knows if we youngsters made as many questionable diagnoses as some of these fine-looking, old M. D.'s do, where we should find places to put our shingles. But what can we do? I know the advice: Treat 'em according to the code of ethics while they steal your patients and try to rob you of \$5.00 bills for insurance examinations, telling the company we are not available. Sometimes they say we are sick, and you know telephones are sometimes to blame in calling the wrong fellow. Patience sometimes ceases to be a virtue and if a man can carry all the blame and abuse and still be the "cur" the old doctors say he is, there must be something better ahead of him.

Now, Doctor, I didn't really intend to burden you, but you surely know we youngsters cannot convert an old narrow-minded fellow who is not open to conviction and will not take the trouble to investigate. I know you will imagine I am always scrapping. But my decision long ago was "life is too short to be always in trouble" so took the scrapper's injunction and agreed to "let 'em alone"

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Flatulence: If there are clayey, fetid stools give small doses of mercury with chalk at bedtime and a morning saline.

Flatulence: If there are dark, fetid stools give podophyllin gr. 1-12 to 1-6 at bedtime; morning, Salines and Intestinal Antiseptics.

in their sins. When life seems to be almost unbearable we just take our Parker, call our dog and hie ourselves to the fields where the quail whistles "bob white" and all the world is in harmony with us.

But, Doctor, I am not very old and there is still lots I would love to learn, so if you can suggest a way, I am ready and willing to fall in line. Never knew a man I would not speak to, though personally speaking would fight him to a finish any old style. If we were licked, would just take off our hat and speak to him next day, if we licked him he could not get by without at least telling us the time of day. No jealousy, no ax to grind, no favors, no personal motive.

Just tell us how to get together, how to get all to subscribe for the CLINIC and we will put our shoulder to the wheel, and if the other fellow don't move, we will just put his specks on and leave him for dead, for he will never amount to much anyway if he don't get in the push.

S. D. W., M. D.

—, Kentucky.

—:o:—

This is beyond me. Someone please prescribe.—Ed.

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I like to read the CLINIC. Have derived much benefit from it.

G. W. R., M. D.

—, O.

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#### PICRIC ACID IN BURNS.

In the advertising supplement to October CLINIC, page 50, you quote Thierry, of Paris, as saying that nothing will ease the pain of burns of any degree so well as picric acid, but these must be

French burns, for a number of my friends among physicians who have used Unguentine upon my recommendation, have discarded picric acid absolutely.

In the burns from natural gas and oil-burning furnaces as well as steam-burns of engineers, we find Unguentine better than anything we have yet used; even children cease complaining of pain within a few minutes after its application.

W. S. F., M. D.

—, California.

—:o:—

We do not quite agree with you, Doctor, in regard to the inefficacy of a 10 per cent watery solution of picric acid in stopping the pain in burns. We consider it a very useful remedy. But Unguentine is certainly also very good, and if you find it better, use it. We'll try it the very next chance.—Ed.

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#### THE CANDLE (DRAINAGE) BOUGIE AND ITS SUCCESSFUL WORK.

I use the Candle (Drainage) Bougie largely in my chronic or "gleet" cases. I am one of those who treat acute cases by thorough washing; washing internally, externally and eternally—not using any great pressure. About the third or fourth day I have, for three months, been using one of the bougies morning and night, alternating between No. 1 and No. 2. This assists materially in the "cleaning-up" process. In the old stayers, or chronic "gleety" fellows, I am, since beginning the use of the bougies, scoring some great successes and, as stated above, these are the cases in which I use the "angle-worms." J. S. M., M. D.

—, Illinois.

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Flatulence: With obesity, and amenorrhea, give potassium permanganate gr. 1-6 every two hours, and sanguinarine gr. 1-67.

Flatulence: At the climacteric the remedy is physostigmine salicylate gr. 1-250 every four hours; with oil of rue.

The doctor has success because he treats these cases as each case demands. While the general technique for acute and chronic cases of gonorrhea can be laid down, the "gleet" variety, especially, is a disease presenting many different aspects. In all of them the Drainage Bougie is applicable, but in each it needs to be used with judgment and "according to conditions." The more the doctor studies his cases, the more he will come to appreciate the drainage principle and the more he will use the Drainage Bougie, and the more cases he will cure.—Ed.

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"In looking over your books you will find I am one of your oldest subscribers. The CLINIC is a peach.

"Happy New Year to you, Dr. Waugh, and the whole CLINIC Family."

J. W., M. D.

—, Kans.

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# **BRYONIN AND ITS INDICATIONS** **—REPORT,**

You desire reports on bryonin. Whenever pleurisy complicates pneumonia with its lancinating pains, I give bryonin—"dose enough." I am a "regular" but have studied Eclecticism. The Eclectics give sp. tr. bryonin when the pleurisy is on the right side and sp. rhus tox. when it is on the left. They seem to have this selective action. Get reports. I am an admirer and utilizer of the CLINIC. May our Heavenly Father bless you with health and mental vigor to continue the good work.

W. C. CARTER, M. D.

Dixon, Mo.

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Flatulence: If there is a specific for this condition most generally applicable, it is phosostigmine salicylate.

This "selective" action matter we must confess puzzles us more than a little. How a drug can affect the left lung more than the right—or *vice versa*—is not clear to our understanding. But then, we are always learning. Let those who know, talk!—Ed.

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## **A SYPHILITIC EXPERIENCE.**

An Italian, 35 years of age, 12 years ago contracted syphilis by coming in contact with a cheap woman in South America. He had been treated by a half-dozen doctors who healed his chancres and left disease in his system. A recent spree precipitated it and it broke out with the greatest virulence. His testicles were greatly swollen and about the color of a maltese cat, when he fell into my hands, September 28th, last. Suppurating points appeared one after another, five or six in all, upon scrotum, ulcerations extending deeply. One penetrated the bladder letting out urine constantly. Prepuce sloughed off, leaving glans entirely bare. I encouraged and commended him to the kindly fellowship of our Jewish merchant, saying he would welcome him as a brother. Friends wanted to make his will for him. I said no, wait and see what these little pills (W-A Antisyphilitic) will do; two every three hours, reduced to one every three hours, soon had a telling effect. Topical treatment was ichthyol, fuming nitric acid, hydrozone, which latter was pushed more than any other agent. Antiphlogistine was applied to scrotum with excellent results. Nothing, however, helped until the granules got in their work, the first symptom of improvement coming with

Flatulence: If due to indigestion of starches, give diastase and quassin before meals and copper arsenite.

a tender gum, which of course we were expecting the granules to bring about. Hallelujah! it did the work, and three weeks later patient was about, clothed and in his right mind, chatting with his friends, feeling as though he had seven devils cast out of him. I heard him say. "Why, I am from death unto life." I could see he wanted to shout "Hallelujah!" or something else.

The case was worth \$500. He was poor and \$200 was all I could get. Another case like his will not be undertaken for less than \$500. It is worth it.

L. M. H., M. D.

—, California.

—:O:—

Is it not possible that this was a case of chancroid? It reads like it.—ED.

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In appreciation of past favors I send the price of another year's subscription to the best practical journal that I am cognizant of, and one that I can't afford to be without.

J. F. S., M. D.

—, I. T.

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#### **SALINE LAXATIVE FOR THE BABIES.**

I wonder if the majority of doctors think that Saline Laxative is only suitable for adults? I wonder if my expression "suitable for all ages from the cradle to the grave" has gone for naught? I should judge so by some of the queries that I have received. The following letter from an old-time family is of interest in this connection:

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"As you are aware, we have a new baby in our home, and by the way, one

of the finest, if not the finest boy in Chicago. For two or three months after his birth, he was troubled with a sore mouth. I believe this is what you physicians call "thrush." We tried all the remedies suggested by our physician, including a solution of boracic acid, and many others, internal and external, which I do not remember, without success. It finally occurred to us, although the doctor did not suggest it, that possibly the trouble arose from a deranged stomach; and as we had used with such great satisfaction your wonderful preparation, Saline Laxative, for other troubles, we thought possibly a weak solution of this might be beneficial to the baby.

"Accordingly, we placed a heaping teaspoonful of the Saline in a half-glass of water, sweetening the water so as to make it palatable and gave it to the baby in doses of a teaspoonful every two hours.

"The result was simply wonderful. It not only cured the thrush, but left the baby in splendid condition in every other respect and we have not had a particle of trouble with him since in any way.

"I do not know whether you have ever recommended Saline Laxative for this particular trouble or not, but if not, here is another wide field for it. It is certainly a remarkable remedy."

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I have even gone to the extent of feeding Saline Laxative to babies in the bottle. If they are "out of fix" and "fussy," cut them off from all food at night and put a teaspoonful of Saline Laxative in sweetened water and let him drink it as he will, giving a few Waugh's Anodyne if fretful. The good clean-out they will

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**Flatulence:** Keep the bowels free and aseptic; and add to this the treatment indicated in each special case.

**Fever:** Simple: For children and most cases the standard remedy is aconitine gr. 1-134 every five to sixty minutes till effect.

get the following morning will put the little stomachs in line to do business in a first-class shape. Truly Saline Laxative is a family remedy.—Ed.

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#### AUTOTOXEMIA?

R. W., child five years old, was taken sick October 4, 1903; found him with temperature 104, in a semicomatose condition, suffering no pain and sometimes quite hard to arouse, urine and feces passing involuntarily, the latter of a green color with more or less slime, the odor like putrid flesh. His fever became less and about the sixth day his temperature became normal and he seemed more bright. On the seventh day a turn for the worse occurred and his fever rose again but not as high as at first. It became normal again five days from onset of the relapse and remained so until the fifteenth day when his fever again rose to 102 and fluctuated between 100 to 102 and then became normal. After the 19th day his bowels moved from three times in an hour until they moved once every two hours; towards the last they were not as copious as at first. He had no bloating of bowels nor any tenderness.

The treatment I gave him was to commence with a dose of castor oil, which worked well. For fever, aconitine and digitalin and for bowels strychnine arsenate, all through his sickness, and a powder of bismuth subnitrate, salol and Intestinal Antiseptic (W-A). I stimulated him with strychnine all through his sickness after the first few days. He had retention of urine three different times through his sickness; for this I used gelsemin and it relieved him each time.

On the twenty-first day he began to

sink, pulse became weaker and coma more marked. I stopped all medicine except stimulants, gave him glonoin, strychnine arsenate and injections of salt water. Three hours later he opened his eyes and called for food, the first time since he was taken sick. For three days I gave injections every twelve hours, after that one every day. He made an uninterrupted recovery. I named this disease, autotoxemia. Am I right in my diagnosis?

H. W. C., M. D.

—, Michigan.

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Thank you for your interesting case report. We think you are right in your diagnosis, autotoxemia. However, the thing is debatable. We will see what other members of the CLINIC family will have to say about it.—Ed.

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I want to be a regular subscriber for the CLINIC, as I consider it to be one of the best journals published. It is brief and newsy and I have it conveniently in reach on my desk.

O. E. H., M. D.

—, Pa.

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#### A QUARTETTE OF INTERESTING CASES.

I, like all other physicians, have some odd cases that are interesting. I always like to read accounts of such from others, so here are a few of mine. Had a case of delayed separation of cord. The midwife told the people that the cord would never come off, as I had not tied it as Dr. P. always did. The pesky thing lingered until the 13th day.

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Fever: Simple: For sthenic cases, elimination stopped, give veratrine gr. 1-134 every half-hour till nausea, or fever breaks.

Fever: Simple: For cerebral irritability with slight fever give atropine gr. 1-500 every half-hour till effect.



Was that a case of "suggestion?" Had another case that lingered until the 30th day and would have remained longer had I not helped matters along a few times by the judicious application of a spoon handle. Have looked the literature through, and find nothing like it. Had one come off on the third day tied the same way, so it cannot be in the tying.

Here is a nut for our extreme red-tape obstetricians. Was called in June, 1902, to attend a woman in confinement. "No hurry," so the 'phone said. I had attended this same woman in her first labor which was very tedious. But some small voice told me to hurry, even though a very hot day. I had to hitch up my own horse, which is no clean process. I drove rapidly, and, on arrival, my horse was all covered with foam. I tied and blanketed him, then hurried in to find I was badly wanted. The cries to "hurry!" and "come quick!" told me that labor was in the last part of the second stage. What was I to do with my hands? I opened my case, grabbed my bichloride tablets, went to the kitchen (which was adjoining) for a basin, soap and hot water. The hired girl had skipped for the wood. The basin was nearly full of greasy water. I hastened for the bed-chamber where I had seen a wash-bowl. When I got there the woman was screaming and trying to break through the headboard. With my dirty hands I raised the bed-clothes; the head was born—cyanosed. I hooked my finger in the axilla of the child and delivered. As soon as breathing was established, I laid the little one in a safe place, prepared my hands carefully, and finished up the job, using no douche whatever. Both did as well as

any ones I ever attended. Why did they both not die?

I am a convert to the idea of circumcision, both male and female. I have cured emesis, "spasms," St. Vitus' dance and albuminuria by this simple operation. One girl of 9 years gained eight pounds in two weeks. I am confident that an adherent hood is the chief cause of early menstruation, by the early irritation of the sexual sphere caused thereby. If so, what a remedy we have for hysteria, infantile uteri and small, undeveloped but active ovaries, with all that these imply.

It works well in grown-up people, but the result cannot be so soon realized. Had a case of epistaxis. Several hypodermic injections of gtt. x of adrenalin chloride (1-2000) stopped it immediately.

Had a case of numbness of right extremities. Blindness of right half of right eye; partial of left half of right eye; partial also of right half of left eye; left half of left eye unaffected. Patient could not tell the different letters, though large, but could write her name even with her right hand affected. Saw a rose and asked what it was, and said before being told that she knew what it was but could not think of the name. When told, was able to recall it whenever she so desired. Would tell the same things over and over within a few minutes. Now almost a year has elapsed and she can read but little. Can write a good letter, but must not be stopped. If so, some one must read it to her, when she can go on and finish it. Where is the lesion?

Case of appendicitis. Operated and found an abscess cavity extending from the appendix, which was fast in the walling off,  $1\frac{1}{2}$  inches upward and back-

Fever: Simple: In remittents, bilious, especially head symptoms and bright eyes, gel-semin gr. 1-134 hourly till lids droop.

Fever: Simple: In typhomalaria clean out and disinfect bowels and give arsenate quinine gr. 1-6 every two hours.

ward to the locality of the dorsal vertebra, near the diaphragm. Perforation of intestine in cecum. Temperature before operation never over 99 4-5. Fourth day, after a chill, it rose to 106 2-5—axillary. Patient recovered and is in better health to-day than for years, and still has his appendix. I am sure the appendicitis was the result of the burrowing abscess.

I had a case of valvular heart-disease in an old man. Got so bad that we had renal insufficiency. Legs became enormous in size, and began caking, but not fast enough. He was removed out of my reach and another physician took charge, who told them that there was no use to have his legs running like that, and that he would dry them up; which he did in a few days. But in 72 hours after, patient died of uremic coma; just what I told the friends would happen.

I treated two cases of typhoid this summer with sulphocarbolate of zinc and Saline Laxative, and never had cases do so well.

As fast as I use up my tinctures, I am replacing with the alkaloids.

A. JEROME ROBBINS, M. D.

Mayville, N. Y.

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There are times when the editor feels that he can sit by and say nothing. In this instance we just want to remark that some men can do more with one "surgically dirty" hand than others with two "surgically clean" ones. That's why "they didn't both die." The case of aphasia and hemiplegia is one of those puzzling affairs that make a man wish he really did know a little about the anatomy of the brain. The brief report of the "dropsy" case serves to point the moral:



"Eliminate, support while doing it, but—eliminate!

Oblige us won't you Dr. by using up those few tinctures as fast as you can (on mild cases) and then write some more reports of cases you treat with the alkaloids. Yours is just the kind of literature we are addicted too. Continued success to you.—ED.



# **THE CANDLE (DRAINAGE) BOUGIE ENLARGES THE DOCTORS' CLIENTELE.**

In a recent letter a correspondent of the CLINIC writes of the "Candle (Drainage) Bougies" as follows: "They (the bougies) have afforded both my patients and myself great satisfaction and comfort on the one hand and some profit and an enlarged clientele on the other. In one instance ordinary treatment met with but indifferent success; one application of a "Candle" caused immediate improvement. As to alkaloidal medication—I mean in granule form—have had a very pleasant and profitable acquaintance with them since 1890. I do not use them exclusively, but have gotten into the way of using certain kinds with as much confidence as I used to have in morphine or quinine."

W. L. R., M. D.

—, Iowa.

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The foregoing needs but a word of comment: the doctor says all that can be said in a word. The "Candle Bougie" being, as it is, the one sure and easily-used remedy for a most intractable and unsatisfactory disorder, does most infallibly "add to the clientele" of the general practitioner and, moreover, enables him to promise not only a sure cure but

Fever: Simple: For nervous excitement and insomnia the valerianate of caffeine, or zinc, or atropine, is well suited.

Fever: Simple: There is no question but that coal tars reduce fever; but their good influence over disease is another matter.

a speedy and practically painless one. The one difficulty which some men encounter is the hypersensitive urethra of the early stage of gonorrhea. This is easily controlled with an injection of a few minims of a 20-per-cent solution of cocaine. This can be inserted into the urethra with a dropper and then "milked" throughout the length of the canal with the finger. After five minutes the bougie can be inserted without distress and after a day or two at most, the inflammation will have subsided and the cure will proceed to an end without any further discomfort. The next case of gonorrhea you have, brother, cure with the "Candle Bougie" and be glad. Get your money (not forgetting to add a little for speed) and be glad some more.—Ed.

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The CLINIC stands at the head of the list with me.

C. A. B., M. D.

—, Ky.

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#### **TYPHOID, "THE TREMBLES" AND SOME PERTINENT POINTERS.**

I have been thinking for a year that I would give an account of my stewardship but, as you know, have failed to do so. From May to December, 1902, I treated 95 cases of typhoid fever by the alkaloidal method, with two deaths. First, male child, 5 years old, complicated with meningitis. Second, man of 30, inflammation of bowels and hemorrhage. Twenty-five per cent of cases were alarming the first two weeks, 50 per cent were mild and twenty-five per cent of cases were very mild, there being seven cases of the "walking" type;

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strange, but those ambulating cases were longer getting well than those more severe. One of my neighbor physicians and I could not agree. My diagnosis was typhoid fever complicated with malaria, while he contended only malaria. Every case I had ran from two weeks to a month; the majority averaging 21 days before convalescence set up. Sixty per cent had the characteristic rash during the second week. The temperature ran from 101 or 102 degrees in the morning to 103 or 104 in the evening. Bowels constipated in a few cases and diarrhea in some. But the sulphocarbolates did the work in either case after a calomel purge followed by a daily dose of salts or Saline Laxative with "dose enough" of the sulphocarbolates.

I will not go into full detail of treatment as it would take too much of your time and space. I will say that I am fully in line with the alkaloids and your method. No other method has placed the mortality as low. Think of typhoid fever 15 to 20 years ago with a mortality of 10 to 25 per cent and in these 95 cases, less than 3 per cent mortality.

I have been a regular subscriber to THE ALKALOIDAL CLINIC since 1897 and I feel sure I am a better Doctor, yes, a better man than before. I cannot say enough in praise of your "dose-enough" method, the purest and best alkaloids, with no dirt, no nauseous concoction and Galenic uncertainties. What is the use of my saying so; every doctor that has his patients' interest before him, knows the alkaloids, except those who are hide-bound with prejudice and those who follow in the ruts of their fathers. I am truly sorry for some that I know. The blindest one of all is he who has eyes and will not see. We have just such char-

Fever: Temperature always falls when the bowels are emptied and disinfected, in every febrile malady known.

Fever: The one rule with no exception is to begin the treatment of all fevers by emptying and disinfecting the bowels.

acters here. I suppose you have them everywhere. I started out to have a friendly chat with you about our business. Yes, your business is mine this time, so it is ours, you know.

"Say, Doctors! did you ever see a case of Milk Poison?" If you have, you know what I am writing about.

No one ever saw a case of "Trembles," as the old settlers called it, and ever forgot it. Sometimes, though but seldom, one, away back in the bushes like myself, finds he has backbone enough to "speak out in meeting" and say something about "Milk Poison." I am truly glad that but few come in contact with it; if they did there would be more deaths recorded. I have just discharged five cases. No, three cases decided to die before they would take castor oil by the pint and blue ash bark tea by the gallon. But for fear some one has not been so unfortunate as to see a case of "Milk Poison" I will describe one case referred to above.

On the 22nd day of October I was called to see a family, two of whom had been sick for three or four days, vomiting incessantly. On examination I found the following: A young, married man: was vomiting every half-hour; tongue and mouth dry, with a continual burning in the stomach—in fact, the burning was from the esophagus. Mouth and nose in the worst shape. "Water! Water! Water!" was all you could hear. "Give me water or give me death." And if you gave them water, you gave them death!

The cows being sick and the cattle dying, completed the evidence, so I announced my opinion, feeling that it would not meet with approval from the family. Strange but true, few men who own land will admit that the poison is on their premises but "just across the hill on Mr.

B.'s land" you will find it knee deep. But the evidence was too strong in this case after other physicians had concurred in my opinion.

I found the bowels constipated almost to impaction, skin contracted—"goose skin" in appearance—hands and fingers wrinkled like a washwoman's hands, face and hands red, which has a strange appearance, with the extremities cold and cadaveric. Pains in forearm and legs severe, pulse 100 to 120; temperature 95° to 97° F.—sometimes it reaches to 100° F. But the strangest of all the symptoms is the red face which would seem to an onlooker to indicate that the fever was very high. After the case runs from 24 to 48 hours the symptoms change. Vomiting stops and the patient who has been rolling from side to side becomes quiet and one would think that the crisis has passed, but with a characteristic wail, he has entered into a profound coma, from which one never emerges, and in a few hours death comes to the rescue of the tortured victim. This above is a skeleton picture of a fatal case of "Milk Poison."

Now, Doctors, I hope you will come to my rescue and tell us the cause, or what "Milk Poison" is. I was brought up on a farm where it was knee deep and have seen men, women and children have it. Cattle are more subject to it but it is said that hogs, sheep, horses and even chickens have it.

It is supposed to be found in shady places, on flint-rock ridges where slate-rock ledges project. I have noticed in the territory where found that in the slate ledges will be found a form of iron, pyrites of iron or "fool's gold."

It was discovered that on the farm where patient has just died that in the



Fever: Every rise of temperature has its meaning and should be traced to its cause; and this may be outside the patient.

Fever: Malignancy is always due to bad hygiene and preventable by scientific cleaning up of the premises.

pasture where the cattle grazed was a flint-rock ridge underlayed with a ledge of slate; a spot was found about fifteen feet square where all the vegetation was eaten off. Even the ground and walk were licked clean.

Now the question will arise: Is the cause to be found under the surface and does it arise as a vapor and settle on vegetable matter, or is it an organic body? Does it spring up and grow upon vegetables like wheat rust and ergot? I am favorable to the last view taken—that the cause of "Milk Poison" is an organized body; that certain climatic conditions favor its growth in a certain locality, that is, in localities where it is found. I am certain that under the surface we will find a mineral of some kind. I well remember some 25 years ago my father sold a tract of land and in surveying the place the compass failed to work on a spot of ground and it was known that, on that very place, cattle had died of "Milk Poison." Of course it was iron that had attracted the needle and iron and cobalt are known to be found together. Why would not the hot rays of the sun in a long "drouth" cause the evaporation of some product, which would be a fertilizer to an organized body and produce "Milk Poison?" There are the questions; won't some of "the family" come to my aid? As to the treatment, but little can be said. Castor oil will do more than all other medicines combined so far as we have learned. Castor oil will stop sick stomach, so will egg albumin, but water will kill your patient.

I gave one case that recovered, one quart of castor oil; in three hours after bowels were thoroughly moved I then gave olive oil one-half pint at a dose,

with egg albumin added. I would permit water with soda bicarb. to be given, but no clear water.

The above is all we know about "Milk Poison." You can have it for all that it is worth. I have written this more to draw out something that has been lying back in the archives of some old "Ruff and Ready" mind for years past, than to hear myself. Let it come, brother, give it sunshine and the whole family of Alkaloidists will feast on it.

R. W. MASON, M. D.

Temperance Hall, Tenn.

—:o:—

Dr. Mason has given enough matter for thought for some time. His few but pertinent remarks relative to the use of the sulphocarbolates in typhoid should serve to convince those who are still strangers to their efficacy that they are taking a heavy responsibility upon themselves every time they treat a case without these peerless intestinal antiseptics. We will let the "family" talk about "Milk Poison." We can remember cases of poisoning from milk; the cows in these cases were supposed to have eaten hemlock. Taking all the evidence offered by Dr. Mason, we would suspect the malady to be due to the effects of some fungus eaten by the cows: *amanita phalloides*, "Death-cup," would cause about the symptoms Dr. Mason describes. This deadly fungus is found in all parts of the Eastern and Middle States and is especially plentiful in the late fall. In this connection it would be interesting to hear whether the famed "spurge" (*Euphorbia*) is free from suspicion? In a most interesting little work—"The Principal Poisonous Plants of the United States"—the following remarks anent "spurge" occur: "Cattle are quite resistant to its



Fever: No miraculous method will do away with the need of good hygiene and ventilation, and intestinal antiseptics.

Fever: Clean the patient; clean his environment; open his doors and let fresh air in the room and dirt out of the body.



influence but are often overcome; their milk then possesses all the virulence of the plant. Taken internally will inflame the mouth and stomach and cause intense diarrhea and vomiting." The white of egg water is also recommended here. By all means let us have the experience of "the family" on "Milk Poison."—Ed.

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The CLINIC is chock full of good things and if my wife gets hold of it first, I have to wait.

J. M. S., M. D.

—, I. T.

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**A REPLY TO DR. N. R. GORDON'S  
ARTICLE: "STOMACH LAV-  
AGE WITHOUT THE  
TUBE."**

In the December CLINIC I read the above-mentioned article and was very much surprised at the treatment suggested, as well as at some of the statements made by the writer. I feel that such an article should not go unquestioned, as it may do harm to some patient.

In the first place the writer states that "dilatation of the stomach exists in most forms of gastric indigestion, to a greater or less degree." This is not an accurate statement, and to one who understands the proper treatment of these cases, the fallacy is quite apparent. It is also dangerous, as it suggests treatment in certain conditions that is not indicated in any way. A motor insufficiency and stasis is often present in gastric disturbances when there is no sign of a dilatation whatever.

In the second he says "the anatomical change that occurs, is an increase in the greater curve of the stomach, making a

true gastropstosis or bagging, etc." This is also an erroneous statement, as it is not a true gastropstosis, for a gastropstosis is a displacement downward of the entire stomach and not a dilatation or enlargement of any particular portion thereof. The treatment of a true gastropstosis is quite different from that of a simple atonic dilatation.

Again, to have an extension downward of ten or twelve inches is practically out of the question, as it is rare to have that much space between the greater curvature of the stomach and the pubes.

Now a few words concerning the treatment itself. If the author is able to get results with a treatment like that he deserves great credit and has more control over his patients than most physicians.

I do not think the treatment could usually be carried out properly, for the reason that the patient would not take the time nor the trouble to use it. It would take at least an hour every morning to go through this procedure, and patients will not do this. It requires very little trouble to get a patient to take the stomach tube and only a few minutes, five or ten, to wash out the stomach. Besides it is necessary to pass the tube and withdraw the contents to determine the condition present.

With the majority of patients after the tube is used three or four times it causes little or no discomfort. Furthermore, when through, the physician is satisfied that the stomach is clean, while in the way advocated he is not.

For the treatment of dilatation, cleanliness is not the only consideration, as it only relieves the condition temporarily and has no permanent curative effect. For this we must look to our gymnastics

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Fever: Dependence on baths for a fever is like the fabled ostrich that hid its head in the sand; quite as foolish.

Fever: Give baths when indicated, but go at the seat of the malady and do not waste strength combating a mere symptom.

and massage, as well as the diet and tonics which were suggested by the editor.

MILTON G. MACK, M. D.

Chicago, Ill.

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#### ACUTE APPENDICITIS ALKALOIDALLY ABORTED.

On Nov. 15th I was called to see a man about 68 years old, about noon, but, as I was away on a twenty-two mile call I did not see him till 2 p. m. Found temperature 100.5° F., right leg flexed, excruciating pain and tenderness at McBurney's point, tympanites; diagnosed it appendicitis. Last June he had a similar attack. Another physician attended him (I have only been located here a month). I gave him two powders of calomel and bismuth, one at the time and repeated in an hour; fomentations of hot water; used no morphia at all. Returned at 6 p. m.; gave a high rectal injection of hot water with borolysol and a little turpentine. Started him in on hyoscyamine 1-250 gr. and strychnine arsenate 1-134, one of each every one-half hour from seven p. m. to eleven p. m. Left instruction to continue hot applications at eleven p. m.; pain diminished, less tenderness, inclination to sleep. Left instruction to continue hot fomentations and granules every hour till morning.

Returned at 8 p. m., Nov. 16th; fever reduced, scarcely any pain and less tenderness. Had stopped all alimentation at beginning. At 8 a. m. gave dose of Saline Laxative and continued as before. Eleven a. m., high rectal injection of nearly three quarts, filling almost completely the large colon. Seven p. m., scarcely any pain, getting hungry. Tuesday evening, pain all gone, very little

tenderness; man up around the house. Wednesday, Nov. 18th. At noon today he was all over the house; pain all gone, no tenderness save on deep pressure; scolding because he is so hungry and I won't let him eat anything but broths.

Now, Doctor, how is that for treatment and for quick recovery?

F. W. ADAMSON, M. D.

Oxford, Wisconsin.

—:o:—

Doctor, that treatment was "Alkaloidal," hence, excellent; the doctor was an Alkaloidist, therefore, sensible. Take a sensible doctor and an excellent treatment and what can one expect but a "hungry, scolding man" stalking around the house howling for food? It doesn't read as "scientifically" as the other kind of reports on appendicitis cases—where the "operation was a brilliant success—but the man died;" still it's about as satisfactory after all to cure people as to contribute long, learned articles explaining why the patient "refused to get well." Go ahead Dr., do it some more.—Ed.

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I am well pleased with your journal, THE ALKALOIDAL CLINIC, and do not desire to discontinue it.

J. S. T., M. D.

—, Ill.

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#### COMMENDATION AND CONDEMNATION.

There are many good things printed in the CLINIC and remedies highly praised that are effective, but I do not get the brilliant results that some of your writers claim, except occasionally. Infant's Anodyne is presumably effective. Strychnine arsenate and hyoscyamine,

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Fever: Camphor monobromate for reflex excitability; a useful stimulant in adynamic states and in low delirium.

Fever: At the beginning of a typhoid a few doses of calomel influence the course of the malady favorably.

for abdominal pain and colicky conditions that are not too severe, are all right, but violent pains, such as I am in the habit of giving a hypodermic of morphine and atropine for, they will not relieve.

Apocynin has disappointed me. Have given it in several cases of ascites without any apparent benefit. In one case I stopped apocynin after two weeks' administration of gr. 1-6 every two hours, and gave the much-despised fl. ext. of apocynum and after the first dose there was a discharge of a large quantity of urine—from one-half to a gallon at once.

Iridin for torpidity of the liver, I am much pleased with. I used the sulphocarbolates before I subscribed to the CLINIC. They are all right. Glonoin and atropine are effective for asthma. Calcidin has failed me in catarrhal croup, whereas a combination of Dover's Powder and Kermes' Mineral Comp. with a little granulated sugar rubbed in to give taste, has never failed to relieve.

Calcium sulphide is all right for suppurative conditions and for dry or moist itching eczema. Hyoscine and glonoin will relieve gall-stone colic in most cases but not invariably. Dosimetric Trinity and the Defervescent Comp. are good fever reducers. The latter is especially effective in combination with sodium salicylate in tonsillitis. Where abscess formation is threatened or the swelling is great, bits of cracked ice held in the mouth will abort it if anything will.

The Alkaloidal Tape-Worm Remedy has failed me utterly. Two treatments of the same individual brought worm but no head. Worm remover does not seem to give me the same satisfaction

that santonin and calomel, each gr. 1-4, does.

I do not seem to get results in the use of apomorphine and emetine for cough in the small doses you recommend. In fact, I have not found a satisfactory substitute in acute colds on the chest for the old mixture of ammonium chloride, syr. or fluid ext. ipecac and paregoric in a suitable vehicle. It is an abominable mixture but effective when many others fail. Many patients cannot take it—for those we must get a substitute.

Lest I weary you by my lengthy communication, I will close, wishing the CLINIC much success.

S. T. C., M. D.

—, Delaware.

—:o:—

This is the sort of criticism we want. Fair field and no favor. The doctor tells us his experience straight from the shoulder and doesn't mince his words. Try again, Doctor. Your experience in some cases does not agree with the majority of our readers' experience. We want to hear from others. If you change your mind in regard to some of the remedies you do not now consider effective, let us know.

Frankness is always commendable. Failure as well as success should be reported, else how can we help?

The cause of a pain must be known that the suitable remedy may be selected, and while resort must often be had to morphine, as in some cases of biliary colic, the careful doctor will be sure he is right before he slugs his patient with this solar-plexus blow.

In the author's use of apocynin, the remedy was not efficient because he did not use "dose enough." This is also no doubt true of iodized calcium, though



Fever: In any form the influence of calomel in cleansing the alimentary canal is of benefit; follow with salines.

Fever: Rhus tox is useful in rheumatism of muscles, and in scarlatina with septic or typhoid symptoms.

aconitine should usually be added to dissipate congestion when emeto-relaxants are generally not required. If they are, use them, but don't select Kermes' mineral when you have emetine and apomorphine. In tonsillitis, nuclein and calcium sulphide should not be forgotten.

One swallow does not make a summer. Doctor, the Alkaloidal Tape-Worm Remedy will not fail if properly used. If you have failed, it is because the treatment was not properly applied to the case in hand. Not all will respond to the same method.

Add codeine to emetine or other properly-selected remedies, and all in proper dosage and you will be able to dispense with your "abominable" cough mixture. Don't expect marvels from Alkalometry, just better things from better remedies properly used.—Ed.

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#### THOSE PSYCHIC PHENOMENA?

I note what you say as to psychic phenomena and will say: First, Prof. Zollnes did not write his work on the fourth dimension of space, founded simply on the tying of knots in a rope as you say in the November CLINIC, as anyone can learn by reading his work, "Transcendental Physics." Secondly, the experiments therein worded have not been "exposed" as you say, and shown to be "so simple and palpable a trick that those who were fooled by it must have felt very small." If psychic phenomena are "foolish, palpable tricks," some one versed in such matters should give the noted members of the Psychic Research Society a few pointers; too bad to let them grope in the dark longer! Thirdly, no one who has made a study of this question (not even spiritualists), claim

there is anything "supernatural" about these phenomena, and I believe that even the editor will conclude there is something in them besides "simple tricks," if he will read Thomas Jay Hudson, LL. D.'s work on the subject, also experiment with his own family and friends. I am not claiming that Aber is not a humbug; don't know him, but think most people of that kind are; but no one needs such people to properly experiment on this subject. Fourthly, the rope tying that has been shown so simply, has always been in contact with your man, and in no sense identical with Zollnes. In all performances of conjurers, they must be in contact with articles manipulated.

W. TURNER, M. D.

Topeka, Kansas.

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All right, Doctor, we haven't another word to say. This is, after all, a matter which does not admit of argument or proof and as a man thinks so he will think. As for us we are too busy with physical pursuits to dally with the psychical—moreover, we love our family.—Ed.

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THE ALKALOIDAL CLINIC fills the bill admirably. I could not keep house without it.

W. M. C., M. D.

—, Minn.

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#### A BOY OF FORTY.

I received Profit-Sharing Certificate No. 1770 for six units. Excuse my carelessness. I had forgotten the matter until your second letter came to hand. I have already had a talk with all the doctors close to me about "Alkaloidal Medication." They seem to have fallen

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Fever: We have told you lots of truths regarding fevers, but you must have one before you can treat them properly.

Fever: Baptisin, in continued forms, the first stage of typhoid, and whenever signs of tissue-death threaten.

into a rut and cannot get out at all. Some think they are too old to learn to use the alkaloids and if any one does so think I believe it is a fact whether he be 30 or 91. Now I am just a boy, have been practicing medicine about forty years, and if I was compelled to use fl. exts., tinctures, etc., I would quit the practice of medicine to-day.

I furnish my own medicines direct to my patients. I have not written a prescription for two years or longer, and don't think I shall ever write another. I cannot get what I write for—usually get something “just as good.”

Now, as to coöperation, I will use in the future, just as I have done in the past, any remedy that is best for my patients, and I will get every doctor I can to subscribe for the CLINIC. I am well pleased with the CLINIC myself and think others would be also.

I am just finishing up the treatment of an old lady, her age 68 years—case of pneumonia, the fifth attack in four years. Was free from fever on last visit. Has been treated by the alkaloidal method in every attack.

Success to the CLINIC!

E. J. G., M. D.

—, Kentucky.

—:o:—

Doctor, it is a pleasure to me to note your kindly interest in our work and your helpful intentions. You certainly are an “alkalometrist” at heart and don't propose to let your light be “hidden under a bushel.” That's right!

I congratulate you on the treatment of the old lady with pneumonia. A neighbor doctor, in speaking of the death at his hands of an old gentleman from pneumonia, said: “You know he was

over seventy”—just as if pneumonia was necessarily fatal in people of this age! Shame on therapeutics. Fortunately we know better.—ED.

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### TURKEY-FEATHER X-RAY; FACIAL ERYSIPELAS.

A few days since I was talking with a friend of mine of non-professional type, when he reached to the ground and picked up a turkey feather of the small or upper layer of tail feathers, and said, “have you ever seen the turkey-feather ‘x-ray’.” I replied I had not. He said, “well, I will show you the bones of your fingers and hand as distinctly as though there was no flesh on them.” He held up his hand and placed the feather near to his eye, looking through the dark part of the feather, and soon could see the bones of his hand; and I have been shown. This I consider a wonderful phenomenon. You put the feather close to one eye, shutting the other (standing in the shade I presume is best and looking toward the light), and if you properly adjust the feather to the eye, and keep moving the hand back and forth till you get the focus, I am sure you will not be disappointed.

Well, I am truly sorry that I have not yet received the book and medicine ordered of you sometime ago. By the way, I wrote an article to the *World* in reply to Dr. Eads on pages 538 and 539, on “Erysipelas.” I told the writer that I had just had an aggravated case of facial erysipelas to treat which I did with great celerity and satisfaction, both to myself and the patient. I told them I used sulphide of calcium and sulphocarbolate of zinc put up by The Abbott Alkaloidal Co., of Chicago, which

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Fever: In malarial fevers and as an intestinal antiseptic and in tuberculosis, eucalyptol has proved effective.

Fever: The valerianates are valuable in low states and delirium with insomnia and vague wandering, late stages of typhoid.



I gave them to understand always proved to be sure shots with me. Before going to see the case the second time, having been called by telegram six miles, I picked up one of your publications, turned to "Erysipelas" and found "Ye Editor's" comment was "In erysipelas keep your eye on the sulphocarbolates." I knew right then that I had the remedy, par excellence, so I went with full confidence in my treatment, but was astounded at the quick and permanent way in which it had got in its work. You reckon the world won't quit me for saying something good of your sulphocarbolates.

A. J. HALL, M. D.

Jemison, Ala.

—:O:—

The great majority of cases of erysipelas depend for their basal cause upon a fermentative, infective process in the alimentary canal, which sets up a general infective condition all through the body with local manifestation. Hence the suggestion of the sulphocarbolates for the intestine itself and the calcium sulphide to work through the circulating fluids of the body.—ED.

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The CLINIC is the thing for the busy doctor.

F. W. G., M. D.

—, Mo.

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#### DR. AND MRS. B. SAY:

Dear Doctor Abbott:

I enclose herewith \$1 for the CLINIC. I like you and I admire your business push. You deserve success. I shall be glad to be more intimately acquainted with you.

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Fever: Active delirium with cerebral excitement is checked by nicotine, which is dangerous even in inveterate smokers.

Two years ago Mrs. B. and I took up special sanitarium work with one patient. Last year we did well, this year we are having to rent outside rooms. I need a home with at least one-hundred rooms and I am working for it. Wish you would come down and spend a few days with us and see what we have got.

G. D. B., M. D.

—, Ind.

—:O:—

I thank you for your good words. I congratulate you on your success. I assure you I appreciate your invitation. Should I accept a tithe of the invitations I receive, you would never see another copy of the CLINIC. Better let me stay at home and grind.—ED.

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#### A LETTER FROM THE FAR WEST. WHEN IS THE FETUS DEAD?

Some weeks ago about 11 a. m., I received a call to drive 22 miles to see a woman in confinement. The messenger stated that labor with violent pains had begun twenty-four hours previously and that the pains had suddenly stopped after a severe hemorrhage.

On arrival I found patient comfortable, no pains, pulse 84; had felt no fetal movements in 8 hours. On examination removed several large clots from vagina and found a completely dilated os from which a pulseless, flaccid umbilical cord and two-thirds or more of a placenta were projecting. The right shoulder was compressing the placenta, the head pointing towards the left acetabulum, the fetal dorsum being against the maternal abdomen. The stethoscope failed to reveal placental bruit or fetal heart-sounds.

Fever: The one symptom for which picROTOXIN has been found useful in fevers is typanites. Try also muscarine.

I told the family the fetus most likely was dead, and if not already so, most surely would be on delivery. I prepared everything for an emergency and made a very guarded prognosis; administered chloroform, brought down the feet and delivered the fetus in less than ten minutes. I immediately compressed the uterus with my left hand and almost with the fetal head came the placenta. There was no bleeding whatever.

The fetus was one of not quite seven months. I immediately deposited it in a bucket, which was in readiness, together with the still attached placenta and gave my anxious attention to the mother. Within five minutes a sniffing sound from the bucket attracted my attention and examination showed the fetus not only alive but soon very much alive and kicking and bawling lustily. The right shoulder was very much contused from prolonged compression during labor, yet that fetus lived sixteen days.

Will someone explain why it was not dead? The mother made an uneventful recovery. The father objected to paying on the grounds that the placing of the child in the bucket was the cause of its death, on hearing which I charged him \$15 more than I would have done, and got it, too, without a lawyer.

#### BACTERIAN WARFARE.

For some months the milkmen of Seattle have attempted to improve on their milk by the addition of formaldehyde, and as a consequence some of the milky fraternity are answering to an indictment for manslaughter. The article in the October CLINIC will readily explain why such milk is so poisonous. The mere addition of three drams of formaldehyde to a ten-gallon can of milk could not *per se* be

fatal to any infant, but there is evident proof that it will prevent the formation of lactic acid and souring without preventing putrefaction and ptomain poisoning. Therefore the fittest does not survive unless left to nature. Why not put sulphocarbonates in the milk whenever its purity is in doubt? The best way would be to let baby fast till a pure supply could be obtained, but the laity could never be so heartless as that and the various teas, syrups, sugar (colic) teas and breakfast foods might be equally fatal.

#### THE SULPHOCARBOLATES.

Some twelve years ago on the advice of Dr. C. W. Cornell of New York City, I used the sulphocarbonate of sodium in ten-grain doses every two hours in a case of sepsis. The results were brilliant. I continue their use in erysipelas, and in twelve years I have not had any case go on to vesication after beginning treatment with, sodium sulphocarbonate, gr. x every two hours, and ichthyol locally. I have been frequently told how my patients would become comatose from carbolic acid poisoning, but not having seen a case yet I have come to think nobody else has. What ridicule I have been subjected to for the use of sulphocarbonates in septic conditions! There is nothing superior to the sulphocarbonates in typhoid.

I have used tablets of various makes but they are either not tolerated by the stomach or fail to do the work, like some cheaper grades of saline laxative that fail to fizz, either before or after taking. The W-A sulphocarbonates can be depended upon. Drs. Abbott and Waugh are doctors who know what doctors want.

C. W. C., M. D.

—, Wash.



Fever: Thirst is allayed by small doses of phosphoric acid better than by any other drug. Remember the need of water.

Fever: The fruits containing citric acid are of value in fevers but the acid itself does not equal the phosphoric for thirst.

Your question why wasn't that fetus dead, no man can answer—it just wasn't, that's all. Always examine the fetus carefully. You got well out of a close box.

That the preservation of milk and other food stuffs, wines and beer, by the use of formaldehyde is harmful, there is no doubt. With the old bum it does not matter so much, but we must protect the babies. As fools rush in where mortals fear to tread, so the formaldehyde idea when first promulgated was grasped as the saving straw, and we were left to find its faults through noting its bad results. Go slow, brothers, in discarding the old friend for the new unless you know. A little of the "show me" attributed to "the man from Missouri" is a good precaution.

What you say in praise of the sulphocarbolates is good and sound. Your compliment to the editors of the CLINIC is sweet, like all well-meant praise, and we hope we deserve it. We are trying to be and do that very thing.—Ed.

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I could not be content without the journal.

L. H. L., M. D.

—, Ark.

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#### **ACTIVE-PRINCIPLE MEDICATION. THE ABBOTT-WAUGH "COMMERCIALISM."**

Since Drs. Abbott and Waugh have beat the bush as to the use of active principles in medicine, other people are jumping into the field to catch the birds. The writer only claims to be a rough and ready dweller in the sage-brush seclusion of the West, but he has had an eye on the CLINIC since it was a baby: and the way it has grown and the way

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If aconitine be used early in acute inflammatory diseases, especially of the respiratory tract, you will never be disappointed.

the W-A principles have gained popularity reminds one of the multiplication of the Jack-rabbit under most favorable conditions.

Drs. Abbott and Waugh have largely created the favorable conditions which now exist.

The medical profession have long looked for certainty in medication which has led direct to the active principles, but they neither knew where to get or how to use them.

Drs. Abbott and Waugh have supplied this want and at the same time had to buck against a lot of fellows who set up the cry "commercialism," because they run the CLINIC with one hand and revolutionized the drug market with the other.

At the time A. and W. started, probably neither the market of alkaloids, nor the CLINIC which told how to use them, could have accomplished separately in thirty years the success of the last ten.

When a doctor reads of a drug that is not on sale at his home town he orders it if he knows where to send, but ten to one the sellers of the drug remain, woodchuck like, quietly at home, and the busy doctor neglects and neglects ordering that drug until other matters usurp his attention. Drs. Abbott and Waugh now figure prominently before the world both as medical journalists and purveyors to the Doctor. They have had something to say and they say it well. They have something to sell that every doctor will use that tries it. The kind of "commercialism" they have shown has filled a want. For six years the writer used the fluid extracts and tinctures in his practice; for two years he gave Alkalometry a series of trials and in the last five years he has laid nearly all the fluid

In pneumonia, aconitine is in the forefront, and it is there that the well-directed rifle-bullets do the quick work.

extracts and tinctures aside, using active principles almost exclusively.

The most useful thought for a physician to keep ever before his mind (except, of course, the all-important one—how shall I get my pay for this) is in his practice to see that alimentary canals are kept as clean as calomel, salines, sulphocarbolates and aromatic castor oil can make them, whenever there is fever, pain or faulty excretion.

The CLINIC for years has been harping upon this thought. As the writer takes some thirty different medical journals he could not but observe the growing popularity of the CLINIC. At first it was but seldom quoted, but all this has changed. Still there are very eminent men who decry intestinal antisepsis in typhoid, but in about ten years more most of them will be in line with the CLINIC's teaching and in twenty years it will be judged equal to malpractice to neglect intestinal antisepsis.

C. E. B., M. D.

—, Utah.

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Thanks, Doctor. Whatever our critics say, we've tried to be honest and do good and are willing to stand on results as evidenced by the experience of those whose methods have been reshaped by our teachings.—A. and W.

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#### TRAUMATIC SYNOVITIS SUCCESSFULLY TREATED.

I wish to make a few statements under the above heading, with final results of a case recently treated by me. I fail to find anything in my text-books, that gives anything to my mind as satisfactory in the way of treatment. So I will

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Aconitine dilates the capillaries, and digitalin slows and strengthens the action of the heart.

give my experience in this case. It doesn't matter to me what a text-book says about a thing; what I want is the treatment that gives the best results.

Jas. A. Finley, aged 20, while in the act of alighting from a passenger train at Pittsburg, Pa., on July 1st, was thrown to the platform. In the fall, being caught principally on his left elbow, it sustained a slight bruise, which caused but little inconvenience or pain at the time and passed unnoticed after a couple of days. There was no wound, not even an abrasion of the skin, and only slight discoloration. On the 9th of July he played a game of baseball, thinking there was nothing wrong with the arm. The following day the elbow and arm and forearm adjacent thereto, presented considerable swelling and signs of inflammation generally. The next day he called the attention of one of the nearby physicians to the condition of the arm, whereupon this M. D. informed him that the condition looked as if he might have considerable trouble with this member. On the 14th he presented himself at my office, with the history as stated above; he was suffering intensely and the arm from six inches below to that distance above the elbow joint was much swollen, with red, glistening streaks radiating from the joint up the arm. From all appearances, and a history of rigors, fever and pain, there must have been a condition of pyarthrosis, if signs and symptoms count for anything. Ocular inspection showed the joint to be double the size of its fellow.

I diagnosed "traumatic synovitis" and, as I did not remember treating a case, in sixteen years' practice, presenting a history exactly like this, and not having noticed anything along this line discussed

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For young girls suffering from painful menstruation, hyoscyamine amor. 2, strychn. ars. 1, given every 15 minutes until effective.

in the CLINIC or other journals recently, I perused my CLINIC stack, also my text-books for assistance, knowing I had a "hard case" confronting me. I found nothing satisfactory to my mind in the CLINIC; in fact, only a history of one case similar to this, and the report very short, and as for text-books, their treatment as given seemed inadequate and too slow and uncertain as to results. The young man being a nephew of mine caused me to be even more anxious to find something that was a "dead shot," but I did not find it in the literature at my command. There was fluctuation and intraarticular effusion,—mind you, the swelling most marked on either side of the olecranon and beneath the tendon of the triceps from production of inflammatory lymph, and the infiltration of surrounding structures. Arrest of function complete. The characteristic position of the member was suggestive at a glance. To me the fixation of neighboring muscles, history of rigors, intense pain and swelling, fever, etc., were strongly suggestive of pyarthrosis.

The patient was very anxious to know the probable outcome. I told him the chances were good for him to come out with anything else but a useful arm and with an ankylosed joint. I will give you my treatment and the results; that is the only thing of any marked importance in the case. It may be a suggestion that will help some member of "the family."

I at once gave a dry hot air treatment in a Betz cylinder at a temperature of 400° F. for fifty minutes; then I painted the inflamed part of the arm thoroughly with adrenaline chloride solution. Applied the pole of a galvanic battery for a few moments, which thoroughly passed this solution in by cata-

phoresis; painted again with Churchill's tr. iodine; again used galvanism for fifteen minutes; painted again with iodine; placed the member in a sling with fingers pointing to opposite shoulder and secured perfect rest.

Prescribed: Calcium sulphide to saturation, echinacea tablets, aconitine, also calomel, ipecac and soda to keep bowels loose, and "Triple Arsenates."

This constituted the treatment throughout. The rapidity of the results will be noticed by the following: First treatment July 14th. Treated 15th, 16th, 17th, 18th and 19th—six treatments in all. On the 19th I discharged him as cured, there being, so far as I could see, no necessity for other treatment. The young man has had no further trouble with this arm from that time on and has as good use of it as he has of the other one.

I have another and perhaps more interesting case, of seven months' standing before applying to me for treatment, in a lady past sixty, that I shall be glad to report if I can find time. The results are really remarkable. The trouble was an injury of the "shin," ankle and foot. Also want to report my experience with Salithia in an obstinate case of articular rheumatism.

I cured, also, a case of toxic amblyopia, by following your alkaloidal suggestion; not one dose of anything but the A. A. Co.'s goods being used. This case was one that was abandoned by two specialists, one as good as "Cinti" has, and, by the way, one of my professors during my first course of lectures. I never saw my patient during the entire treatment and began after these "eminent specialists" had abandoned the case. I treated the young man by mail. It's rather remarkable that he regained his

Headache: When near menstrual periods, with constipation or dark, offensive stools, give podophyllin, gr. 1-6 at bedtime.

Headache: From nervous debility with disturbed stomach, give bismuth subnitrate gr. v every hour, or zinc oxide gr. j.



sight perfectly. All due to our teachers, the CLINIC's editorial staff, and their products! How convenient the little pills are, for "mail order" treatment. But, alas, you can't convince the laity that to pay a higher price, suffer half to one-third the time and run comparatively little risk of complications that are serious, etc., is the best policy. They can't see it. What are we to do about it? We know by years of experience that active-principle therapy as used and advocated by the CLINIC is the only thing, but the laity can't understand why we should charge more than the man who uses the slow and uncertain method.

If you can prune this up and correct spelling, punctuation, etc., and care to, you may let this come out in next issue. I have grubbed this up at 2:00 a. m., after a full night up; do so for want of time. Success to you.

R. A. PRICHARD, M. D.

Garner, Ky.

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If it needs evidence to show how easy it is to treat "hard cases" (if you "know how" and the use of the right thing), surely that evidence is presented in abundance in every issue of the CLINIC? The results obtained by the doctor are ones to be justifiably proud of, even though he modestly asserts that not a little of the credit is due to the means used. Just there is the place for our little remark. The Alkaloidal preparations are good—as good as they can be, and if used properly, will invariably do the work required of them—but they won't diagnose for you; they are powerless to think for the doctor; that he must do and if he thinks well and selects the proper agents, then "the rest is easy." Thus it is that when we read these reports of

success, we proudly realize that it is the "thinking men" who are using the granules and making Alkalometry what it is.—Ed.

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I received the first copy, which prevented my answering, for I could not see how it would be possible to improve it,—it is more than worth the price. I much prefer THE ALKALOIDAL CLINIC to any journal I ever read.

B. D. B., M. D.

—, Va.

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#### TYPHOID FEVER.

As I have never contributed anything to the columns of your most valuable journal, I take this opportunity to give a brief account of my first case in the Indian Territory. Patient, young man, aged 22. I was called to see him about the third day after he became ill. Found him complaining of headache, aching sensations throughout the body. Tongue coated white with red tip; tympanites; tenderness on right side. Temperature 101, pulse rate 110.

For the first few days he had a gradual rise in temperature, reaching at the highest, morning 102.5, evening 104. I began treatment by giving a tablet of calomel, ipecac and soda every hour till bowels moved freely, then stopped; aconitine and cold bathing for fever, strychnine and digitalin for heart, and two Intestinal Antiseptic tablets every three hours.

In just ten days from beginning of treatment I found my patient with a normal temperature, tongue cleaning up and wanting to eat. He had no delirium or nervous symptoms at any period of his illness.

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A menstrual or severe periodic headache may be forestalled by a bedtime dose of iridin, gr. 1-6 or more, with ox-gall.

Headache: Those of atheromatous persons may be relieved by a physiologic dose of ergotin—enough to contract vessels.

Now, if this was not a case of aborted typhoid fever, what was it? There are two other physicians here and their cases are running from four to seven weeks and some never get up. The most of the doctors here practice by prescriptions altogether. I dispense my own medicines. The only thing I can see in prescription writing, I can't see after it gets into the druggist's pocket. For my part I do not like to spend the best of my life in the study of medicine and then divide my knowledge and profits with the druggist, and especially when I know it is to the detriment of the patient.

W. C. H., M. D.

—, Ind. Ter.

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#### PERHAPS GALL-STONES AND PERHAPS NOT.

Will you kindly assist me in the following case? I have a patient whose ailment has resisted some of the best physicians here, and yet his case seems a very simple one. He is 44 years of age and married. For years he has suffered with congestion of the liver and stomach trouble. At times he suffers terrible pains, generally four to five hours after a full meal. His appetite is good; he sleeps good; his skin is clear and healthy-looking. His bowels are loose and stools as yellow as gold. His tongue is always heavily coated and his breath is foul. Don't you think calomel and podophyllin, gr. 1-6 each, at intervals, and Saline Laxative will reach the trouble, also that "Antiphlogistine" applied externally will assist? How would copious injections of Nuclein act?

I wish you would kindly send me a sample of Sanguiferin and your best remedy for nasal catarrh, as I may be

able to do much good by the introduction of these articles among a large number of students with whom I am constantly engaged.

J. A. W., M. D.

—, Pennsylvania.

—:o:—

I would strongly advise the treatment which we have recommended and found so valuable for gall-stones. I am sending you a sample of Sanguiferin and a reprint on Euarol, which is one of the best remedies for nasal catarrh I know of.

Our treatment for gall-stones is succinate of sodium, 15 to 30 grains daily and long continued; should be accompanied by the free drinking of pure, soft spring water, or distilled water. The patient should live on a fruit and vegetable diet, taking two quassin and three strychnine arsenate granules after each meal, with sufficient Saline Laxative mornings to keep the bowels in good condition. I hope you will report results.—Ed.

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#### "B. U. T'S" WORK ASTONISHED HIM.

Sometime ago my attention was called to Buckley's Uterine Tonic, and I decided to try the remedy in a case of threatening abortion and found it of more value than fl. ext. cimicifuga, which had given fairly good results in previous cases. Also in menorrhagia and metrorrhagia its action was certainly astonishing. I thank you for calling my attention to this valuable remedy, which I now use extensively.

Don't forget to send me the CLINIC.

C. M., M. D.

—, N. Y.

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Headache: Severest form of neuralgic may be broken by full doses of phosphorus, strychnine arsenate, quinine and atropine.

Headache: Cypridedin is useful in the milder forms, especially those due to sexual excesses, or loss of sleep.

Your report on the case treated with Buckley's Uterine Tonic is noted with great satisfaction. We know that just such results have been and are obtained daily but at the same time we are always glad to hear direct from those who are having the success.—ED.

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For a young man in medicine THE ALKALOIDAL CLINIC is absolutely indispensable.

W. E. H., M. D.

—, Ill.

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# **SYNOVITIS: A SPEEDY AND SATISFACTORY CURE.**

Synovitis signifies an inflammation of the synovial membrane, and may effect the shoulder, elbow, wrist, hip or ankle and may assume either an acute or chronic course.

It has been classified by some authors into,

- (a) simple serous,
- (b) simple purulent,
- (c) dry,
- (d) acute suppurative.

**Etiology.**—The causes are sometimes local, sometimes general or constitutional. The local causes are cold, mechanical injury and infection following traumatism. Among the constitutional causes may be enumerated rheumatism, gout, pyemia and gonorrhea.

**Symptoms.**—The four cardinal symptoms of inflammation, viz., pain, heat, redness and swelling, are usually present with more or less rigidity of the affected joint. The swelling may reach its greatest height within 24 to 48 hours and be so great as to completely efface the normal outline of the part involved. The

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Headache: Paretic neuralgias are said to be relieved by cytosine, an alkaloid not as yet introduced into practice.

position of the limb is often between flexion and extension. Effusion is indicated by general fullness with fluctuation.

**Treatment.**—The objects of treatment are firstly to limit the inflammation and secondly to remove the products of inflammation and the effusion. When this is accomplished quickly, deformity will be prevented, there will be no adhesions and no ankylosis and the part will be restored to its full physiological functions. The limb should be placed in a position of rest. Mercury and the iodides may do good and have been used from time immemorial, but they are too slow. Aspiration and similar measures are too drastic to receive attention here. Nine cases in every ten can be speedily relieved by the following method: Support the patient by strychnine arsenate and quinine and apply to the affected joint hot flaxseed poultices, as hot as can be comfortably borne, freely sprinkling the joint surface before applying with fl. ext. pilocarpus. The effusion will be withdrawn, the pain and redness disappear and you will be agreeably surprised to find it has done the work. It will cure in one day.

H. W. ALLEN, M. D.

Newark, N. J.

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# **CALOMEL: A REPLY TO DR. PARANDEKAR.**

The October CLINIC contains an article from "India's Coral Strand" in which Dr. Parandekar criticizes the "outrageous" use of calomel in a case that I reported to the CLINIC sometime ago. I thank the Doctor for both his criticism and suggestions. I reported the case to hear from CLINIC readers and get the

Headache: Hemicranias are sometimes relieved by the salts of gold; and by menthol, gr. 1-12, every quarter-hour.

benefit of their criticism and experience. There is a great deal being written about "broken" or small doses of calomel in the treatment of malarial troubles; experience and observation has taught me that habit and environment have a great deal to do with determining the size of a dose of medicine. For instance, among my patrons are people from the north and northwest as well as the native Mississippian; one or two grains of calomel in three or four doses will usually do the work for my northern man who has never taken any calomel, but to offer such doses to the native, would excite his contempt and he would at once conclude you did not "know your business." He has been "raised" on it, has taken it "ad lib" until his system is so accustomed to it that less than thirty grains will have little or no effect.

I had a case recently where thirty grains of calomel had no perceptible effect in any way; the excretions and secretions were dormant, the calomel and an ounce of castor oil failing to produce more than one stool. In this case I anointed the region of the liver with ointment of yellow oxide of mercury and got things going. The doctor's plan of giving an emetic as a preliminary step in his treatment, may do in India, but in this "neck of the woods" excessive nausea and persistent vomiting are some of the conditions we have to contend with, and often they are very difficult to control. I knew a physician recently to start in on a case of malaria by administering a couple of doses of tinct. lobelia. It is hardly necessary to say he had a "Monkey and Parrot" time before he got that stomach quiet. Extreme cases require extremes in treatment.

While I admit 130 grains of calomel

ordinarily would be outrageous in the case reported, I was afraid to risk less. My patient was a man of intelligence and he knew from long habit in the use of the remedy his system would require a large dose. He therefore sent me word to send him "horse doses" and it required such to effect him. In the last few days a lady asked me for some calomel, saying she wanted to give her baby some, said she could divide it in doses. I gave her about thirty grains, telling her she might want some for some others of her family. She said her baby was a little over a year old and what I gave him was just about a dose for it. Said she had frequently given it nearly a half teaspoonful of calomel at a dose. What effect would one-tenth of a grain have on this "kid?"

The Doctor's treatment is doubtless good in India but I do not believe it would prove successful here.

H. C. BUCK, M. D.

Lyman, Miss.

—:o:—

Now, you've both had your fling, quit! You're both right and both wrong.—Ed.

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I could not get along without the CLINIC.

C. C. F., M. D.

—, Minn.

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#### OUT OF CURIOSITY AND OTHERWISE.

Editor of ALKALOIDAL CLINIC:

1. What is the remedy in myalgia, such as so frequently presents in the chest, back, etc., and which I usually am not very successful in relieving?

2. A patient who for years has been suffering with indigestion, tells of dis-

Headache: Pressing pain in the occiput has been relieved by muscarine. Try pilocarpine, picrotoxin or physostigmine.

Headache: That due to eyestrain is worse after fine sewing, shopping, prolonged reading, any hard eye-work.

tinctly observing luminous particles in the urine when he observes it in the dark. Is it due to phosphorus? It is new to me.

3. Can a pronounced chilly sensation of the spine be a symptom of a healthy pregnancy? This symptom strikes so near home that it is of particular interest to me. It preceded the vomiting which since has been persistent. I find no reference to the chill symptom in any of the books.

4. What can be the reason that a person who can eat and digest everything else, should invariably become ill from the ingestion of an apple or a small part of one even?

5. A patient whom I am treating for diabetes with no symptom save the glycosuria, asked me, as he intended to move north, whether a warm or cold climate was best for him, and as there is no nephritis I hardly knew how to reply. What about effect of climate in the case? I put him on your diabetes mellitus formula and Eulexine.

6. So many at present with urticaria with intense itching. What is the best remedy?

7. In using the powerful absorbent (mercury protoiodide gr. 1-2, iodoform gr. 1-2, phytolaccin gr. 1-2, arsenic iodide 1-67), would the protoiodide or iodoform, on account of the incompatibility or protoiodide and a soluble iodide, contraindicate the placing of all these remedies in a capsule and giving at once?

O. W. HUBBARD, M. D.

Batavia, Ill.

—:O:—

1. Myalgia: Give colchicine and macrotin with tonics; aconitine and eliminants often needed. If urine shows uric acid, give "Calcalith"

Headache: When bad breath is present a physic is needed, but does not relieve at once as it renders toxins soluble.

and Salithia — better try it anyway.

2. I have never seen or even heard of the appearance of luminous particles in the urine. It can impossibly be due to phosphorus. The only explanation on theoretical grounds would be of certain luminous bacteria having found suitable nidus for their development in the man's bladder. It is more likely some sort of contamination.

3. I have never heard that a chilly sensation of the spine is a symptom of healthy pregnancy and don't think it is. It may be due to a variety of causes.

4. One frequently finds an individual having an idiosyncrasy as to certain articles of diet. The writer, for instance, invariably suffers from acute gastralgia when eating even a very small piece of an oyster. Others cannot stand buttermilk, and in your case apples seem to be the "sinner." There is nothing to do for these cases. They simply mustn't eat of the forbidden fruit.

5. I do not think that climate has any effect whatsoever upon the course of diabetes.

6. For urticaria give calcium carbonate compound (Calcalith) in 5 to 10 gr. doses three times a day and in addition the arsenate of strychnine and quassin, 3 each after meals.

7. It is possible that there would be a reaction in this formula as suggested with a production of mercuric iodide, but the amount thus produced would be so small as to be of no practical consequence.—Ed.

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## ALKALOMETRY FOREVER.

There is nothing to compare with Alkalometry. The alkaloids never disappoint me. Am knocking colds and catar-

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Headache: With bad breath, give salicylic acid, gr. 1-6 every ten minutes, or an emetic dose of emetine, in warm water.



rhal troubles, pneumonia, etc., "sky high." I find daily use for calcium iodized. Have just dismissed a case of true croup. Calcidin did the work promptly. This is not the only one either.

Lots of the "great stars" in our cities know nothing of this remedy and I note, through the papers, that they lose their cases regularly. What a pity! Poor babies! I am going to pitch in soon and put the poor fellows onto their job. Apomorphine is the remedy in capillary bronchitis in children. Long live Dr. Shaller. I shall use the alkaloids as long as I practice medicine.

M. L. W., M. D.

—, Tex.

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This is straight talk from a straight man. Would we might all learn to toe the line, as accurately and positively. That's what the alkalometric idea admits of.—Ed.

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I get lots of help from THE ALKALOIDAL CLINIC. Can't get along without it. Have just aborted a case of tonsillitis by the help I got from Alkalometry, Vol. II.

A. M. D., M. D.

—, Minn.

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#### **A BAD CASE OF EPILEPSY: TREATMENT WANTED.**

Miss R. J., age 32 years, hurt with handle of windlass when 7 or 8 years old; no ill health until 1893, when she began to have light attacks, no more than a slight aura; she consulted doctors, took patent medicines, etc. The attacks then became harder; the more the treatment the worse they got. She went to San

Francisco in 1898 and had the depressed bone elevated and was for one month without an attack. About a year ago they became so hard that she would fall. She took patent medicines for about six months and now I am having a chance at her.

She is taking two Anticonstipations every other night, which are sufficient to move her bowels. No salt in her diet.

Am giving verbenin; started with four and she is now taking thirty-eight in 24 hours with four nervines.

She is gaining in weight, feels well, menstruates freer, but has the attacks during her period, which she did not have before. Sleeps and eats well.

Says the attacks are oftener but lighter and single. While before they would be 2 week apart and three or four or more a day, now she will have one perhaps every two or three days; she has gone as long as a week. When the attack is passing off, she will pick at her clothes, as if covered with hairs, and, again, gather her clothes in a bunch and tie her handkerchief or a towel around them, then hunt for something; is dazed for a little while but does not sleep.

At these times she is very irritable. I have advised her to see an oculist, as she has trouble once in a while with her eyes. I have hunted for all references, Suggestions from the editor or from the CLINIC family will be appreciated.

#### **POISONOUS INSECT BITE: PATIENT SAVED.**

Called in evening, 8 p. m., to see a man five miles in the country. Had been sent for 24 hours before but boy had taken first M. D. he met.

Patient was given quart and half of whisky with three hypos of morphine sulph. (for pain), then the M. D. spent

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Headache: There are so many causes that no one remedy will relieve more than a proportion of the cases that occur.

Headache: Eye-strain probably accounts for more cases than any other single cause except autotoxemia.

the night with wet towels, etc., to keep patient alive after this over-medication.

When I saw him he was suffering intensely, pulse about 50, temp. 101.1, vomiting with difficulty, some blood, no movement of bowels and little urine passed with great straining. Gave strychnine arsenate, gr. 1-134, and echinacea, 10 drops every two hours, with hot bags of salt around hips and a dose of oil in the morning. Now, three days after I first saw him, patient is doing O. K.

If either or both of these cases are worth printing, you may use them.

As soon as I can I will send you an article on "Tubular Pregnancy with Rupture;" operation four weeks after rupture, with removal of both ovaries and one tube. Patient still menstruates and is well; operation two years ago.

I am more than satisfied with the alkaloids, and I know my patients are also. Just had two bad cases of remittent fever. First one was up in ten days; the second will be up to-morrow, seven days from the first visit. All due to the Alkaloids.

L. E. F., M. D.

—, California.

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Much has been said in the CLINIC for the past several years on the subject of epilepsy and we are glad to have anybody add to our knowledge as to its successful treatment that has had a series of really successful experiences upon the basis which they can do so. The case described by our contributor is, of course, a bad one of the symptomatic type, based of course on the primary injury. Dr. Brewer's idea that these cases result from a disturbed condition of nerve nutrition governed by the peculiar occult

forces that have to do with nerve-manifestations is undoubtedly the right hypothesis. This is the basis of all successful treatment. I sincerely hope that Dr. F. will keep us posted as regards this case. The treatment thus far is good.

The handling of the insect-bite case is excellent and shows what may be done by proper medication, even when the unthinking have done so much harm by inflammatory, unscientific bungling. When will the medical profession (some of it) learn to appreciate dose enough, and the importance of our therapeutic maxim, "the smallest possible quantity of the best obtainable means to produce a desired therapeutic result?"—Ed.

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Your journal, THE ALKALOIDAL CLINIC, is worth far more than any of the \$5.00 "big bugs."

E. F., M. D.

—, Mass.

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# AN IMPORTANT OBSTETRIC EXPEDIENT.

GLONIN, THE LIFE-SAVER.

The mention made by Dr. V. E. Lawrence in the October CLINIC, regarding the use of Glonoin (gr. 1-250), is good, very good, and new.

Recently in a twin labor, the second child was expelled after delay of the trunk to follow the head, the position occipito-posterior and delivery being completed without external rotation. The cord was tied at once, the deepening cyanosis and want of respiratory efforts warning us that we should be prompt, the operative position of the mother not being conducive towards measures restorative.

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Headache: A teaspoonful of aromatic ammonia in water relieves the cases due to acidity, and is a quick stimulant.

Headaches: The oculist thinks all are due to the eyes, and many are; then they follow overuse of the eyes.

After vainly resorting to the usual procedures, the tied cord was cut, relieving the heart of the dammed-back venous blood; at the moment of this release the respiratory effort was faintly made, followed by normal efforts after patient labor. After assuring ourselves that there are no impediments in the circulation, we should use Glonoin hypodermically.

The CLINIC is indispensable at our office. The Alkalometric remedies must in time form an essential part of every doctor's therapeutic armamentarium.

P. AND T., M. Ds.

—, Kentucky.

—:o:—

Every live doctor should at all times have a small pocket case with him for emergency use (the CLINIC 9- or 12-vial premium case being a good one) and one vial should always contain "glonoin, the life-saver."—Ed.

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#### EPSOM SALT FOR PNEUMONIA.

No, no, friends, Epsom salt is not my invention. I only feel like I have a proprietary right to what I buy of it with my own money, and a right to use it just as I please, and you all have the same right, for these natural rights are inalienable.

I sometime ago sent the manuscript of a book I am writing to a college professor up north, to be crucified (do not charge this little mistake to the printer's devil) so that the immortal parts might go out free from their load of error.

He set about the task I imposed on him with honest intentions, but while my treatment for pneumonia was fresh on his mind, his own child, an infant of six

weeks, was taken with this disease. And as Epsom salt figured in about every line of the book, it was so impinged on the professor's mind that he could not think of anything else. So one ounce of Epsom salt was dissolved in one pint of blood-warm water, and applied on light cloths to the thorax of the little sufferer, also the entire body was sponged with the same. In ten minutes the effect was noticeable on the respiration, and in a few hours the child was out of danger. Next morning (about the time the child would have died under popular modes of treatment) he was well, with the exception of a swelled lip. This received an application of a solution of magnesium sulphate, and in less than an hour it was reduced to the normal, and instead of a crucifixion, I received a vote of thanks, which lifts my safety-valve sky high.

That is really all, but I want to say one thing more. Epsom water is the only thing I know of that will cure dropsy. Dropsy and pneumonia are so far apart that nearly every other ailment finds a place between these two conditions. And what I want to say is, that Epsom water cures about all that lays between these two marks. It will please you all beyond measure. A sponge bath of Epsom water at the temperature desired by the patient, *ad lib.*, is a grand thing and will aid any treatment of any disease. It opens the pores of the skin and stimulates the dermal glands. Suppose the pores are open too much, as in the weakening sweats of some conditions, Epsom water is still the remedy, for it will so energize and stimulate that the pores will be enabled to resume normal functions. It always puts the skin in a comfortable glow. It is congenial. It corrects the condition that produces

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‘ Headaches: The rhinologist thinks all due to nasal derelictions; and some are relieved by treating these ailments.

Headaches: Many are due to autotoxemia, insufficient elimination, constipation, overeating, anemia, excesses.

pain in less time than the pain can be relieved by an anodyne. Epsom water corrects the deviation, while the anodyne leaves the pain producer intact ready to produce it again whenever the nerves are able to carry the sensation. The anodyne relieves pain by disabling and crippling an important part of the system, while Epsom removes the cause and induces a state of health and ease.

If a patient has been drugged too much the Epsom sponge bath, often repeated, is the remedy. "Epsom" magnesium sulphate, is what makes Abbott's Saline Laxative so good.

In pneumonia, brucine, strychnine and veratrine, etc., are to be used as indicated, but the belladonna and henbane group are never indicated in this disease nor in any other disease of the respiratory organs. Sanguinarine and its kind are what we want. Pneumonia is never fatal in child or adult when the congenials are rightly used. The belladonna group are congenial for muscular spasms, etc., but not for the congestions. It really is wonderful what Epsom internally (Saline Laxative because it is pleasanter) and Epsom baths externally will do.

W. H. BURGESS, M. D.

Avondale, Tenn.

—:o:—

Our old subscribers will recall "The Curiosities of Epsom Salts," by Burgess, May CLINIC, 1900. If others wish a reprint, it may be had for the asking.—ED.

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### A PIONEER GRAFTER.

You asked sometime ago for "us lazy fellows" to give our little mite about days gone by" to interest, perhaps instruct, fledglings, if not older ones. Well,

♥ ♥ ♥ ♥ ♥ ♥ ♥ ♥

Digitalis is the most certain and powerful of heart-tonics and the one most likely to be had fresh and of good quality.

I will go back to 1876, before the days of antiseptic fads, when we killed with carbolic acid.

I was called to a lad 14 years of age. He had been treated for three months for a terrible burn until amputation was decided upon. I was then sent for, the father refusing consent to an operation before "my opinion was passed." I considered this quite a compliment, as I had never doctored the family nor up to that time had a patient in that neighborhood. Upon looking the case over I found the following conditions: The young man had been dancing on the top of a set kettle of boiling water out in the back yard, where his father was getting ready to scald hogs; the cover split and let him into the boiling water up to the knees, literally boiling and destroying the three layers of skin to above the knees. The legs were completely girdled; not a single cell sprang up for help; the limbs were becoming flexed, the raw surfaces of leg and thigh growing together. I decided to skin graft; the doctor in attendance said he had tried it and failed and said, "supposing the grafts succeed, your boy is a cripple; you can never overcome that contraction." Still I would not consent to amputation. Well, he said, "I'll fling up the case to you." Well, I took it and now for the *modus operandi*. Remember carbolic acid and cosmoline were our old friends then. I washed the legs thoroughly with a weak sol. ac. carb., then I thoroughly dried them and snipped little pieces of skin from his mother, just as small as I could possibly take up with a small forcep and curved scissors, such as we would use on the eye. (I did not even take the precaution to wash the mother's arm.) I placed these little

For many reasons the preferable preparation of digitalis is the Germanic digitalin, mainly digitalein, safe and soluble.

grafts one-half inch from the periphery of the sore at the ankle and above the knee and to my great surprise they grew at the ankle, but not at the knee. I then dressed with vaseline without carbolic acid; did not undo the dressing for three days. On removing the dressing I found my little pieces of skin floating all around, of course, and was discouraged, but I took my little magnifying glass and noticed a few cup-like depressions where some of the grafts had been placed. I dressed the wound as before. On my next visit I found that these grafts had deposited their little cell and that the growth under the glass looked like a small spider's web. I will pass over the twelve long months of hard work that elapsed before I conquered, and cured my boy, and received the plaudits of the whole state of Connecticut where I was practicing. The daily papers such as the *New York Herald* picked it up and I even received letters from Manchester, England, and from many States of the Union. This was all the pay I received, for not one dollar did I receive for my work. I was in Providence, R. I., one day and saw a piece of cloth that pleased me in a tailor's office, so I went in and got measured and paid for the suit. Upon giving my address the tailor said, "That name sounds familiar. Are you acquainted with that Dr. Ross who did that case of skin grafting?" I replied, "I am the man." He hollers out, "For God's sake John come out here for here is the man we have been talking about." They looked me over and he said, "Well, by gosh, I'll give you \$5.00 on that suit."

It may be interesting to some to know how I overcome the contraction of leg. I made a fracture box with a shaft pulley and cogwheel catch, like a well with a

bucket. I placed a pad over the knee and wound him up a few notches every day, so that when the leg was healed, the leg was straight. It took me fifteen months to heal the wound and straighten the leg. Hot weather killed the grafts, cold weather impeded the growth. In Spring they grew fine; in Fall very good, but the hot and cold weather were discouraging. This was all done in an old farmhouse with no nurse excepting the mother. My boy to-day is a rugged farmer. Frank Dyer Sanger, now Professor of Nose and Throat in the College of Physicians and Surgeons, Baltimore, was my student at that time and can vouch for the case, so I am still the pioneer skin-grafter and still employ the small bits of skin.

Now Mr. Editor, don't call me lazy for I have been fifty minutes writing this and I dare not look it over.

G. I. R., M. D.

—, Mass.

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Doctor, this is an interesting, old case that you report, but aren't you placing too much emphasis on the fact that you didn't have to use "antiseptic fads?" Do you think it would have impaired your result if you had washed the mother's arm and had used an antiseptic dressing instead of pure (?) vaseline? Possibly if you had adopted these new-fangled methods you would not have been forced to write: "To my great surprise they grew at the ankle but not at the knee;" and you might possibly not have found "little pieces of skin floating all around" when you removed the dressing. You deserve a whole lot of credit for having done this operation at so early a date and having obtained so good a result, but we would like to have you give credit



Digitalis contracts the coronary arteries and by lessening the heart's nutrition, tends in time to degeneration.

Beates has given Germanic digitalin for years in full doses with no sign of fatty degeneration or other harm.



where credit is due and we want you to acknowledge that the modern methods are safer and that your good result was obtained not because you spurned these modern methods but despite the fact that you did not employ them.—ED.

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Would not miss THE ALKALOIDAL CLINIC for the world.

J. F. K., M. D.

—, Ill.

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### REPORT OF THREE CASES.

Was called on May 26, 1898, in the evening, to see Altie E., 15 years of age, who at 5 p. m. had accidentally swallowed a hat pin which had been cut off to about three inches in length.

After making inquiry regarding the case I found that there was nothing that I could do at the time, so I advised the patient to eat solid food and await developments. In the night of the 27th I was called to come in haste, as the patient was in great pain, and I was told that if I thought best the family was willing to have an operation performed. The patient was in great pain and on examination I found that the pin had lodged in the hepatic flexure of the colon. By gentle pressure in this region I succeeded in dislodging the pin; as soon as this was accomplished the patient was relieved of pain. Before taking my departure I instructed the father of the patient to let me hear at once should there be further trouble. On Friday morning, the 30th, the father reported that the pin had passed at 9:00 a. m. of that morning.

On February 2, 1903, I was called to come in haste to go one and one-half

miles to see Herman O., 16 years of age, who worked in a mill. It seemed that there was no one in the mill at the time of the accident but the boy. He had in his hand a strong cord such as is used to bind sacks for shipment; this was caught in an upright shaft that was in motion, making several hundred revolutions a minute. This caught him by the index finger of the left hand, drawing him quickly to the shaft, causing a double Colles' fracture. In the excitement he jerked his hand back, stripping the skin from the knuckle to the first joint, unjointing the finger at the first joint and pulling out a tendon for several inches. After making a hurried examination I gave chloroform, and as there was no other doctor to be had, let the father watch the patient while I proceeded to amputate the finger at the knuckle joint and set the fractured bones. I dressed the hand and was ready to take my departure in one hour from the time I first got to the patient. Results good.

Early in the morning of August 8, 1903, Frank R., 28 years old, started to market with a load of wheat which weighed 95 bushels and 30 pounds; the weight of the wagon was 1,000 pounds; this made a total weight of 4,570 pounds. He stopped his team and got off his wagon for something; this frightened the team and as he reached for the lines he was jerked under the front wheel of the wagon which passed over his chest striking him just above the left hip, passing across chest and off over the right shoulder close to the neck, the left wheel striking the side just a little above where the front one did and passing over the chest and off over the left shoulder. Shortly after the accident he was brought to my office. On ex-

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Give digitalis for a week only, was Niemeyer's advice; but if you use digitalin Germanic you may keep right on.

The indications for digitalin are rapid, weak pulse, dropsy and cyanosis; compensation becoming deficient.

amination I found that there were fifteen fractures of the ribs. The third rib on the left side close to the sternum was fractured and had punctured the lung, the puncture in a few hours causing a great deal of emphysema.

I set the ribs, put on a broad binder and placed the patient on his back. At the expiration of six hours the hemorrhage had stopped and the patient was resting well. The temperature began to rise at the end of 24 hours and soon reached 102.5°; pulse 160; respirations 48, remaining thus for about 48 hours; then the temperature began to decline gradually and by the sixth day there was no more fever. Pulse and respiration also improved after the sixth day till the sixteenth day and from that time they were normal.

Kept this patient in town for three and one-half weeks and at end of that time he was able to walk about the room with the aid of a cane. At the present time he is able to drive around in a buggy.

The strange thing about this case is that there was no fracture of either of the clavicles and that a man could live after having that amount of weight pass over the vital organs.

—, Kansas. A. C. J., M. D.

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#### A GOOD PROPHET.

When attending medical college I often said to my teachers that I believed the time would come when the different active principles would be separated from each other, and what a grand thing it would be; therefore, when the first list of your active principles fell into my hands I saw in it the realization of my dream. I sent for 1,000 aconitine granules

and as soon as I became acquainted with them I sent for others, and so kept adding to my list till at this time I am using about seventy-five of them, and am not done yet.

Here, I think, is the trouble with many physicians who start in with them and then give it up. They supply themselves with a whole outfit in their first order, place them on their shelves, look at them and think, "Oh, what a task it will be to acquaint myself with all of these!" Hence they become discouraged and give up; if they had bought only one or two kinds at first and became acquainted with them, then added one or two more, and so on, many would have been using them who are still plodding along with the obsolete sickle instead of the modern self-binder.

In my opinion there is only one thing that can keep the active principles from coming to the front and that is for evolution to move backward, a thing it never has done. I expect to use the little granules until I find something better, but I have no idea what that could be.

H. W., M. D.

—, Ohio.

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You certainly had the germ of active-principle therapeutics well engrafted during your student days, and Doctor, you began with the right remedy. There is nothing all down the line that more thoroughly demonstrates the beauty and efficiency of Alkalometry than the aconitine granules. Did you read Dr. Shaller's admirable article on aconitine published in the CLINIC some months ago; if not I shall be glad to send you (or any of our readers) a reprint on request.

I am glad to know that you have pro-

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Strophanthin does not contract the arteries and is good for continued use; and in aortic disease it is best.

If moderate doses of strophanthin fail, do not increase but add other cardiac tonics, sparteine, or convallamarin, or adonidin.

gressed in your studies so that you are now using such a nice list of active principles. Keep it up, Doctor, and give the CLINIC family the benefit of your experience through its pages. You speak the truth when you say that the trouble with the majority of uncertain investigators is that they dip in too deeply at the first. If they would begin with aconitine, or at least not go outside the remedies in the little premium case until they had the possibilities of these mastered, there would not be so many "back-sliders," and so many foolish opinions expressed.

Doctor, your ideas are right, we know. Your experience is good. Please let us hear from you often.—Ed.

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#### THE SINGLE-DRUG IDEA.

Your communications relative to THE ALKALOIDAL CLINIC, and the therapeutics of the agencies it advocates came duly to hand.

For a long time I have eschewed the preparations embodying complex prescriptions as unscientific, as they do not represent the physiological action of individual drugs.

The products of your laboratory are not amenable to the same extent to this criticism, and they present in their composition a laudable explanation for the presence of modifying ingredients.

The investigations I have thus far made have been eminently satisfactory. The first prescription I made was for an impaired sphincter vesicæ, the result, doubtless, of age, as the patient was between seventy and eighty. I gave her cantharidin and strychnine arsenate.

Her daughter has written me that she has not felt so well in a long time. I

Adonidin increases arterial tension and acts much like digitalis; if you wish to use it, be sure of your quality.

think Ringer refers to the efficacy of cantharides in this condition.

I made application at your office in New York a few days ago for a copy of Shaller's Guide to Alkalometry, but Dr. Harris said it was out of print, and that a new edition was in press. I appreciate Shaller's little monograph on aconitine and value the leading articles of the CLINIC.

Your products are esthetic in appearance, which is a commendable virtue in modern pharmacy. They are truly "*multum in parvo*."

You have undoubtedly manifested a good deal of faith and perseverance in this new enterprise and I hope you will reap a result beyond your most sanguine expectations.

L. S. B., M. D.

—, New Jersey.

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We appreciate the above kind words and your reference to Dr. Shaller's little book. The good doctor has been so busy that his new edition has been delayed much longer than anticipated. It is now in work and when done will be well worth writing for.—Ed.

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Words are inadequate to express the high esteem in which I hold the journal you are publishing. It is always a welcome messenger to my office. It is simply the best and most helpful journal I ever read. You are certainly doing a great work in advancing medical science—teaching the profession how to abort diseases, typhoid fever, pneumonia, etc., facts that have been heretofore ignored, and I am sorry to say are by some yet.

W. H. N., M. D.

—, Kans.

Helleborein is a cardiac tonic resembling digitalis and in addition has local anesthetic effects like brucine.

# AMONG The BOOKS

Lea Bros. & Co.'s Medical Epitome Series has *Anatomy* for students and practitioners, by Dr. H. E. Hale.

A very handy and useful epitome for a quick, illustrative reply to a busy questioner.



*Hygiene and Sanitation*, by Dr. S. Egbert, 3rd edition, enlarged and revised. 86 engravings. Lea Bros. & Co., Philadelphia, 1903, \$2.25.

An excellent manual for students, physicians and intelligent laymen. The subject comes to our advanced urbanism, and debilitating mode of life, and commercial chicanery with food and drink and even clothing with a "categorical imperative" to both city and rural inhabitants. The book is very readable. There ought to be a cheaper edition for extensive circulation.



*Skin and Venereal Diseases; Nervous and Mental Diseases*, by Drs. Baum and Patrick. Vol. X, Sept., 1903, of The Practical Medicine Series of Year Books. The Year Book Publishers, Chicago, \$1.25.

This volume keeps up well the deservedly good reputation of the series. In the nervous part of the present volume the reader will find some surprising and interesting recent data.

*How to Keep Well, An Explanation of Modern Methods of Preventing Disease*, by Floyd N. Crandall, M. D. New York, Doubleday, Page & Co., 1903, \$1.50.

Time and space here would not be compensated for by giving a detailed review of this book. But we have read it and *pro bono publico* we state that we have not seen a book equaling this in excellency on the subject it treats, and we see a great deal of the kind in this office.



*Illinois State Board of Health Report on Medical Education and Official Register of Legally Qualified Physicians*. 1903, Springfield, Ill.

There are other matters of interest in this volume for the active or observing physician. It costs nothing to get it.



*A Manual of the Practice of Medicine*. Sixth edition, thoroughly revised, enlarged and reset. By A. A. Stevens, A. M., M. D., Woman's Medical College of Pennsylvania. Handsome post-octavo of 556 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Flexible Leather, \$2.25 net.

A handy book for the student to follow and summarize lectures, and for the

very busy practitioner for ascertaining quickly an up-to-date point.



*Four Epochs of Woman's Life.* Second edition, revised and greatly enlarged. Maidenhood, Marriage, Maternity, Menopause. By Anna M. Galbraith, M. D., Author of *Hygiene and Physical Culture for Women*; Fellow of the New York Academy of Medicine, etc. With an introductory note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo volume of 247 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, \$1.50 net.

In our review of the first edition of this worthy book in the June, 1902, CLINIC, we felt in duty bound to dissent from some of the authoress' statements. In this second edition, the additions on "The Hygiene of Puberty," "Hemorrhage at the Menopause a Significant Symptom of Cancer," "The Hygiene of the Menopause," greatly increase the value of the work. We unhesitatingly place it in rank with Dr. C.'s "How to Keep Well," reviewed above. This book complements the other, as woman does man, a complement to both book and people.



*The Treatment of Certain Malignant Growths by Excision of the External Carotids.* By Robert H. M. Dawbarn, M. D., Professor of Surgery and Surgical Anatomy in the New York Polytechnic Medical School and Hospital. Extra cloth, price \$2.00 net, delivered. Philadelphia, Pa., F. A. Davis Co., Publishers, 1914-16 Cherry Street.

This is the essay which won the Samuel D. Gross Essay Prize of \$1,000 testated by the great man and surgeon



Sparteine is specially useful as a heart- tonic for the aged, and for long-continued use after digitalis.

to be awarded every five years to an American citizen on some subject of surgical pathology or practice.

The work breathes a scientific and benevolent spirit, with a modesty that exalts the author in the esteem of his fellow practitioners. It adds a shapely block to the mighty shaft of American surgery.



*Gynecology for Practitioners and Students.* By D. Tod Gilliam, M. D., Professor in Starling Medical College, Columbus, O. Royal octavo, pages xvi-634. Illustrated with 350 engravings, a colored frontispiece and full-page halftone plates. Extra cloth, \$4.00 net, delivered. Philadelphia, F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The author succeeds in giving a very practical and useful guide to the gynecology with which the general practitioner has to deal. The mechanical outfit of the book and the illustrations are very good.



*International Clinics.* A Quarterly of Illustrated Clinical Lectures on all medical topics by leading members of the profession throughout the world. Vol. III, 13th series, 1903. \$2.00, J. B. Lippincott Co., Philadelphia.

The present volume is of special interest on "Diseases of the Gall-Bladder and Gall Ducts." Other topics are Pneumonia, Gastric Cancer, Rectal Diseases, Serum in Typhoid, Malarial Infection, Sudden Death from Respiratory Disorders, Leukemia, Rheumatism and the Heart, Anesthesia, Antisepsis, Gastrotomy, Scrotal Tumors, Varicose Veins.

Convallamarin is the chosen remedy for mitral stenosis with failing powers of the heart; enough to tone to normal.



*Lea's Series of Medical Epitomes.* Wathen's Epitome of Histology. A Manual for Students and Physicians. By John R. Wathen, A. M., M. D., of the Kentucky School of Medicine, Louisville, Ky., 12mo., 220 pages, 114 illustrations. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

Very compact and compendious. Perhaps the best of the series for the student and busy physician.

*A Text-Book of the Practice of Medicine.* Designed for the use of students. By James Magoffin French, M. D. Large 8vo., 800 pages, illustrated by ten full-page plates in black, colors and tints, and fifty wood-engravings. Muslin \$4.00 net; leather \$4.75 net. Wm. Wood & Co., New York, 1903.

It is a great advantage to have a competent teacher of medicine gather up the numerous special knowledges that go to make up the science and art of our work. The specialist needs the universalist, and the latter the former, and we, the everyday general plodders, have need of both of them but have no time, and, to tell the truth, not the ability to catch and utilize them in our practice. And just here comes a man like Dr. French to help us. His book of 749 closely-printed pages, and 29 pages of index does just the service which the progressive physician is always on the lookout for and does not always get.

But let not the reader of this best of books of its kind think that he will find in its therapeutic teaching anything much out of the ordinary. No! The conservatism of the day still stands in the way of alkaloidal and alkalometric advance, and this is aided powerfully

by nihilism and human inertia. It does not stand in the way of anatomy, physiology and diagnosis; therefore they advance, therapeutics alone lags behind. But the day is coming!

*General Pathology.* By Dr. Ernest Ziegler. Tenth, revised edition. Translated and edited by Alfred Scott Warthin, Ph. D., M. D., Royal 8vo., 784 pages, sumptuously illustrated by 586 engravings in black, and many exquisite colors. Muslin \$5.00 net; leather \$5.75 net. Wm. Wood Co., New York, 1903.

European scholars study science for its own sake, but European publishers of scientific works are not more benevolent than our own, who look for the marketableness of such works. When therefore a scientific work like this one before us, passes a tenth edition, it shows the estimate which physicians have of it. And that estimate Ziegler's Pathology richly deserves.

Such a book enables a practical teacher of medicine to reduce profoundly recon-dite and minute researches to practical uses.

Thanks to author, translator and publishers. One "thank" more to the translator for his unhesitating attempt to naturalize the German word "Anlage," page 496, for which we have no adequate word in English. Foster gives its meaning as "A constitutional predisposition." The word is of immense importance in biology, both normal and diseased, because it expresses an actual truth.

*The Medical News Visiting List for 1904.* Thirty patients per week, together with many useful items that a physician may want to be reminded of. \$1.25.

Among the native heart-tonics little known is lycopin, which astringes bleeding vessels and combats sepsis also,

Perhaps the most used of all the heart-tonics is strychnine—and the most abused; for emergencies, sure and strong.

# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## QUERIES.

QUERY 4114:—"Diphtheria." Kindly outline treatment for diphtheria. It is starting in early with me and is severe. I am using apomorphine freely, which seems to assist in lessening the membrane materially. Any help that may come from headquarters through the CLINIC will be appreciated.

L. G. E., North Dakota.

We are great believers in the use of antitoxin in diphtheria, provided this treatment can be instituted sufficiently early. We give a dose of 500 units as a prophylactic and then 1,000 units for its curative effect within twenty-four hours thereafter. In addition to that we spray the throat alternately every hour with a 1 to 2000 bichloride solution or half strength peroxide of hydrogen. Systemically, we depend upon calcium sulphide to saturation, using seven to twelve grains daily, heart tonics (especially the triple arsenates) and nuclein to aid the organism in throwing off the infection. —Ed.

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QUERY 4115:—"Septic Tuberculosis." Woman, 23, mother of two children. Has not menstruated since birth of last child. Began having chills in June, accompanied by cough and expectoration. Still has a chill every morning about 7

or 8 o'clock, followed by high fever and sweats. Has night sweats, sleeps badly, appetite good. Complains of shortness of breath and muscular weakness. Pulse 120. Suspect tuberculosis and ask you to examine for tubercle bacilli. Specimen sent to-day.

J. B. S., Oklahoma.

The examination of the specimen reveals the presence of tubercle bacilli, also of pus germs. You are therefore dealing with a case of mixed tubercular infection. The prognosis, of course, is very poor; the treatment ideal hygiene, forced feeding, and of medicines, Strychnine and Phos. Comp. and Nuclein.—Ed.

✽

QUERY 4116:—"Pulmonary Emphysema." My mother has for many years been suffering from pulmonary emphysema. She has been steadily growing worse and now suffers from dyspnea and a feeling of pain and oppression across the chest. She is 77 years old. Have tried many things but with no permanent benefit.

T. J. T., Wisconsin.

The diseases of old age are exceedingly difficult to treat because we are dealing with mechanical disturbances in subjects whose resisting and recuperative powers are no longer up to par. One of



and vegetables and plenty of fat, sugar and starches, and we find they do just as well or better than on an exclusive milk diet. At times we do away with all special medicinal treatment, limiting ourselves to the use of tonics and tissue builders and the avoidance of any medicines that can irritate the kidneys in their passage through these organs. The best remedy in these cases is Strychnine and Phos. Comp.—Ed.

❧

QUERY 4119:—"Purulent Cystitis." Man, 53, about three weeks ago had an attack of acute cystitis. Put him on asparagin, lithium benzoate, hyoscyamine and arbutin with an occasional dose of sanmetto; bladder was washed with a solution of boric acid and bismuth. He recovered from the cystitis nicely but for the past week has had what he terms sinking spells. Gets chilly, has profuse sweats which weaken him. For this trouble gave him calomel, podophyllin, quinine ars., digitalin and glonoin. Much improved now, but extremely nervous. Amount of urine passed in twenty-four hours is about two quarts.

F. W. W., Oklahoma.

The examination of the urine, combined with the case history submitted to us, demonstrates beyond a doubt that this man is still suffering from some purulent affection of the genitourinary tract, possibly of the kidneys themselves. The spells described, with sweats and chilly sensations, are undoubtedly septic manifestations. We are very much inclined to the belief that this is a case of ascending pyelitis, possibly with a surgical kidney as a final complication. In the first place, we should advise examining that kidney by manual palpation, if necessary, under an anesthetic. The safest way, of course, is to catheter-

ize the ureter and determine which kidney is affected. As far as the internal medication is concerned, the best remedies are undoubtedly nuclein and strychnine, for they will aid the patient in fighting off the trouble. If a pus pocket is formed somewhere, it will, of course, have to be evacuated. If we are dealing with a pyetitis, then urotropin, given in 15-grain doses in plenty of water morning and evening, is the best remedy.—Ed.

❧

QUERY 4120:—"Hyperchlorhydria." For the past two years my stomach has been causing me a great deal of annoyance; and while not suffering any actual pain it worries me and I want to be rid of the disagreeable symptoms which are as follows:

Continuous eructation of gas (or desire to belch); regurgitation of food; an almost constant sense of fullness at ensiform cartilage; great difficulty to expel the gas and occasionally a burning sensation in stomach. Bowels regular, tongue clean, appetite good, sleep well; no loss of weight and my complexion is not at all that of a dyspeptic. I have no trouble before breakfast but it commences immediately after and gets worst towards evening. Breakfast consists of oatmeal, toast and coffee. Even a drink of water several hours after eating provokes the eructations.

C. H. M., Illinois.

For the stomach symptoms you describe, there is no better remedy than the hyoscine hydrobromate in the strength of 1-1000 of a grain; 2 to 3 granules to be taken three times a day. I would advise you to supplement this treatment by the use of a mixture of hydrochloric acid, essence of pepsin and tincture of gentian, after each meal. I would reduce the amount of starchy

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Erythrophleine is a heart-tonic like digitalis but as yet has not been shown to be superior in any line of cases.

Hare advocated barium chloride as an efficient substitute for digitalis; like it it increases arterial tension.

food and of sugars (omitting the poultice material—oat meal mush—entirely, and substituting Force, Grape Nuts or some other first-class, rebaked breakfast food eaten dry to force chewing) and would eat a maximum of meat, milk, fresh fruits and vegetables. Of course the only correct way and the only scientific way to go at the treatment and the diagnosis of such a case as this is to perform a careful analysis of the stomach contents after a test meal. If you do not get better and desire to try this, come to Chicago and we'll do it for you.—Ed.

■

QUERY 4121:—"Mucous Colitis." Specimen passed from rectum of a man, aged 36 years. Appears calm but is evidently of a nervous temperament. Present trouble (last two years); at times has pain over sacrum and almost daily belches or passes per rectum much gas and at various times mucus—sometimes like specimen and sometimes thick, tough and once a membranous cast of sigmoid flexure (according to his word). These are all the symptoms evident. Has been diagnosed by several physicians as tapeworm, membranous colitis, etc., and treated without benefit. He has one regular bowel movement every day. He is married and has two healthy children. Before marrying, patient kept late hours and "drank the cup that cheers" at times to excess. Specimen when handed to me was about eight inches long and one-fourth inch wide—a long, flat, narrow strip, dirty white in color, with a heavy white line on strip (like a canal) along entire length in middle.

A. C. S., Pennsylvania.

The material was nothing more than a shred of mucus. From the whole symptomatology of the case the diagnosis of mucous colitis, or, as it is also called, membranous catarrh of the intestine, is clear. The treatment of this condition

is a simple one if the exact plan is fully understood. The ordinary remedies fail to produce the desired effect and the treatment is largely dietetic and local. A very excellent monograph on this subject has recently been published by von Noorden. It gives you a complete plan of treatment and one that we know from personal experience, leads to the goal. It would lead us too far to enter into the complete method of handling such a case. We have had a number up here and the results of treatment have been extremely gratifying. Let me merely mention that the diet should be bulky (that is, should leave a large residue), should contain much fat, contain material that undergoes slow gaseous fermentation so that the decomposition of the fecal matter is prevented. In addition there should be massage of the large intestine and injections of olive oil high up into the rectum. The best internal medicine to effect the neurosis of the bowel that underlies this disease, is hyoscine hydrobromate.—Ed.

■

QUERY 4122:—"Paralysis." Mother, 35; last December began to feel pain in toes, then loss of sensation and motion, extending gradually up till she has total paralysis of sensation and motion below the waist; constant pain in pelvic bones, thighs, legs and feet; sharp, electric-like pains from hip-joint to heel, once or twice a day, with jerking; anorexia, constipation alternating with diarrhea; incontinence of urine; anemia.

J. P. K., Illinois.

She has ascending paralysis from poliomyelitis, of course; cause not manifest, and prognosis not good. Treatment: Keep the bowels clear and aseptic; apply silver nitrate to her lower spine, first wetting the skin and drawing four

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The long-continued use of arsenic iodide has apparently stopped the progress of atheroma and kindred conditions.

In malarial cases with feeble heart or organic disease thereof, give quinine arsenate up to a grain a day—adults.



lines along from waist to sacro-lumbar articulation, 1-2 inch apart; renew when well; give her internally the powerful absorbent mixture, arsenic iodide one, mercury biniodide, phytolaccin and iodoform, gr. 1-6 of each three, the ten granules together before each meal and at bedtime. Keep it up till evidences of action are present, increasing if necessary, till the debris is washed away and any possibility of syphilis or other cachexia has gone. Then begin with strychnine valerianate and push it up to the fullest doses she can bear. This I believe gives the best chance for recovery in the reach of our art.—Ed.

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QUERY 4123:—"Progressive Muscular Atrophy." School-teacher, 50 years old. Knees became stiff and very much enlarged fifteen years ago. The knees seem full of liquid but no pain at any time. Now his limbs are stiff—has no flesh at all. All of his muscles seem to have dried up.

R. D. B., Oregon.

I am afraid that the case that you have described to us can no longer be reached by medicines. From your description, it is a case of progressive paralysis involving the muscles and the joint. These cases slowly progress from bad to worse, uninfluenced by any treatment that can be instituted. Sometimes they become stationary and then it is possible by a thorough system of massage and electrical stimulation to maintain the tone of the wasting muscles for a time, and in this way keep the patient about. The disease is exceedingly chronic and is compatible with longevity. As some of these cases are due to an old syphilis, it might be well in this case to try a thorough course of mercury protoiodide. In addition to that, mercury should be

given for a time by the hypodermic method.—Ed.

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QUERY 4124:—"Hepatic Cirrhosis." Man, 60, complained of indigestion for past two years. Previous health good. Gave him pepsin mixture with improvement; but last May old trouble returned accompanied by severe hemorrhage from stomach. Gave him tannic acid and silver nitrate, having diagnosed the case as ulcer of stomach. No return of hemorrhages. Did not see him for several months when he again sent for me and complained of severe pain at apex of left lung under the clavicle. On examination I found heart and lungs all right and failed to find any growth although his liver was enlarged and skin over all the body somewhat jaundiced. Complaints of pain in direction of the esophagus and also at times immediately below region of the heart. No appetite and gradually losing flesh.

R. E. T., Ontario.

Your case is presumably one of cirrhosis of the liver. The treatment of these cases is not very easy because we are dealing with a mechanical destruction of liver cells. At the same time very much can be done. The use of cholagogues, although very popular, is to be condemned. We believe in eliminative treatment by the use of Saline Laxative and the administration of apocynin. If much fluid accumulates in the abdomen, tapping becomes necessary. Care should be taken that the kidneys and the bowels do not become too much deranged, an event that frequently occurs as a secondary complication, due to the abdominal stasis. It is not impossible, of course, that the cirrhosis is due to some malignant process going on in the liver. In that case the rectum and the stomach should be carefully examined for carcinoma.—Ed.

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In anemics with heart diseases or symptoms give iron arsenate up to a grain a day with Saline Laxatives.

For the dyspnea attending heart disease, the quickest remedy is glonoin with atropine each gr. 1-250 repeated quickly.

QUERY 4125:—"Traumatic Neurosis." Girl 23, was in very good health until about six years ago when she received a fall from a horse in which she received some flesh wounds. Wounds quickly healed, but she has never recovered from the shock and now is a chronic invalid tortured by almost every kind of trouble. Body fairly well nourished but muscles soft. Appetite poor, digestion imperfect, tenderness in stomach. Pressure over stomach causes pain and nausea. Bowels either constipated or running off. Food at times passes undigested. Menstruation regular and normal in quantity. Nervous symptoms all exaggerated at this time. She has been treated by several physicians but none have helped her much.

W. W. S., Missouri.

The case you report is undoubtedly one of traumatic neurosis. The treatment of these cases is exceedingly unsatisfactory, particularly so long as the patients remain in their home surroundings and are made the object of much sympathy, etc. It is a form of hysteria superinduced by an accident or some sudden emotional or psychic shock. The best advice we can give you in this case, is to induce the young woman to go into an institution where the proper treatment can be given. I know this is unsatisfactory advice but, on the other hand, our experience with these cases has been that unless they are treated in this way the results in private practice are very disappointing, and no reputation can be made in the treatment of such a case. The only difficulty is this, that occasionally these patients, spontaneously, or at least for reasons that we do not understand (sometimes a second shock or fright) suddenly recover and are well ever afterwards. I always fear to see these cases fall into the hands of some

faker because occasionally these fakers by exercising some form of mental treatment, produce results that the best doctors have failed to secure.—ED.

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QUERY 4126:—"Bladder; Paresis." Man, seventy, intelligent, never been addicted to vicious habits; originally a farmer, but for twenty-eight years a banker. For twenty years has at times had tired spells, not the result of overwork. He has considerable *proctidentia scapulae* which is increasing; not uncommon at his age. Two years ago his right hand commenced shaking, and this has increased until it slaps his thigh, and has for months. The left hand and arm are slightly involved, also his right leg, and the balance of the body may be observed to twitch and shake, but to no marked degree. Aug. 12, was unable to urinate, but was relieved with a gum catheter. The three succeeding days was able to retain his urine but a short time. Aug. 28 I was called to see him. He could not pass his urine. I found cystitis with great enlargement of the prostate gland. His urine was turbid and heavily loaded with mucus; sp. gr. 1020, acid, no albumin, no sugar; temperature normal, with weakness of the right radial pulse. I passed a gum catheter for a few days, then had to change to a silver one. Sept. 4, was unable to introduce the instrument; called another physician in consultation; he failed to enter the bladder. Another was called; he also failed. Two others were called but did not succeed. Up to this time there had been a little dribbling of urine. The patient was beginning to suffer from intoxication, and continued so until Sept. 11, when it disappeared. From noon Sept. 6 until midnight the 7th, the respiration ranged from five to eight per minute. The right radial pulse which had been very small and weak for some time became extinct; not even a wave could be observed. Sept. 7, 6:30 p. m., I punctured the bladder above the pubes, reliev-

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In many cases of heart disease it is necessary to reduce the volume of the blood by purging away the water—jalapin?

Apocynin strengthens the heart and acts on the bowels; best in cases with anemia and dropsy from heart-disease.

